

A small piece of paper... full of BIG INFORMATION!

Hi, Volunteers!

As in the past, we do require a FULL paperwork packet for all volunteers this spring. However, in order to save paper, we've just included the front page of the registration in this packet. The remainder can be found online. They are in PDF and WORD formats. If you can't access online, give us a call

Leader Training will be held on January 24th :

10:00 am to 12:00 or 5:30 pm to 7:30

New Volunteer Training will be held on February 2nd:

10:00 am to 12:00 or 5:30 pm to 7:30

(All new volunteers, please attend one of these sessions or make special arrangements)

Please RSVP for all sessions, so we can prepare.

Email: eevolunteers@yahoo.com

Phone: 636-390-2141

Website : eemv.org



Date Filled Out: _____

Volunteer Information—Spring 2012

The Spring Session will run February 6— March 31

Please ID phones & e-mail, such as " work" or "mom's cell"

Name: _____ Phone: () _____

Address: _____ Phone: () _____

City: _____ E-mail: _____

State: _____ Zip: _____ County: _____

Age: _____ Date of Birth: _____ Height: _____

How would you like to help? (please check all applicable areas)

____ Side walker ____ Barn help ____ Cleaning Facility

When are you available to help? Our lessons normally fall between 8am and 8pm. We request that you commit to volunteering for at least one lesson, the same time each week for the whole session, in order to provide consistency for our E.E. riders. We do understand that you may miss occasionally for a vacation or an appointment.

Please **list all possible time frames** in which you are available, so that we can match you with one of our riders. We will contact you to verify that your assigned time will work for you. (For example, you might write: *Mondays: 9:00 am-1:00 pm or 4:00 pm-8:00 p.m.*, and *Tuesdays: Anytime*)

Mondays: _____

Tuesdays: _____

Wednesdays: _____

Thursdays: _____

Fridays: _____

Saturdays: _____

Would you stay for more than one hour at a time? YES NO MAYBE

Would you come in more than one day per week? YES NO MAYBE

Is there a specific rider with whom you'd like to work? _____
(We will do our best to keep existing rider/volunteer teams in place.)

May we call on you as a substitute volunteer ? (You may decline when asked) YES NO

How many minutes from E.E. do you live? 0-10 minutes 10-15 15-25 25+

I would like additional training in this area: ____Leader ____Barn Help ____Horse Handler

THANK You

Please return forms to:

Exceptional Equestrians PO Box 1384 Washington, MO 63090
eevolunteers@yahoo.com (636) 390-2141

Exceptional Equestrians of the Missouri Valley, Inc.

PO Box 1384 Washington, MO 63090-1384 636-390-2141

VOLUNTEER RELEASE AND INDEMNIFICATION AGREEMENT

I, the undersigned, hereby consent to assume the risk of my volunteer participation of the horsemanship program sponsored by Exceptional Equestrians of the Missouri Valley, Inc., which is located at 785 Yellow Finch Lane. I acknowledge and understand that despite reasonable safety precautions, horsemanship experiences can result in injury and even death. **Under Missouri Law an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the revised statutes of Missouri.** I do hereby forever release, acquit, discharge and hold harmless Exceptional Equestrians of the Missouri Valley, Inc., their owners, officers, directors, agents, employees, instructors, representatives and any therapists, volunteers and other persons associated with said program and the successors and assigns of each them on account of any personal injuries, physical or mental condition, known or unknown to myself and the treatment thereof, as a result of, or in any way growing out of acts of omission of said parties in connection with said activities or in any way incidental thereto.

*Initials _____

PHOTO RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to Exceptional Equestrians of the Missouri Valley, Inc. permission to take or have taken, still and moving photographs and films including television pictures of myself and I consent and authorize Exceptional Equestrians of the Missouri Valley, Inc. It advertising agencies, news media and any other persons interested in Exceptional Equestrians of the Missouri Valley, Inc. and its work to use and reproduce the photographs, films, and pictures to circulate and publicize the same by all means including without limiting the generality of the foregoing : newspapers, television media, websites, social networking sites, brochures, pamphlets, instructional materials, books and clinical material. With regard to the foregoing material, no inducements or promises have been made to me to secure my signature to this release other than the intention of Exceptional Equestrians of the Missouri Valley, Inc. to use or be used such photographs, films and pictures for the primary purpose of promoting and aiding Exceptional Equestrians of the Missouri Valley, Inc. and NARHA.

*Initials _____

EXCEPTIONAL EQUESTRIANS RELEASE AND HOLD HARMLESS AGREEMENT

WARNING...UNDER MISSOURI LAW AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES PURSUANT TO THE REVISED STATUES OF MISSOURI. The undersigned assumes the unavoidable risks inherent in all horse related activities included to but not limited to bodily injury and physical harm to horse, rider, and spectator. In consideration, therefore, for the privilege of riding and /or working around horses at Exceptional Equestrians, located at 785 Yellow Finch Road, Washington, Missouri, the Undersigned does hereby agree to hold harmless and indemnify Exceptional Equestrians and further releases them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or to any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises.

*Initials _____

VOLUNTEER AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required for myself due to illness or injury during the process of volunteering or while being on the property of the agency, I authorize Exceptional Equestrians of the Missouri Valley, Inc., staff, and/or volunteers to secure and retain medical treatment and transportation if needed and to release my records upon request to the authorized individual or agency involved in the medical emergency treatment. I also authorize my licensed physician and/or medical facility to provide any medical/surgical care for me which they determine necessary or advisable. This authorization includes x-ray, anesthesia, surgery, hospitalization, medication and any treatment procedure deemed "life and limb or organ saving" by the physician. This provision will only be invoked if a parent or guardian (if applicable) is unable to be reached.*

Initials _____

Volunteer _____ Birth _____

Phone (H) _____ (W) _____ (Cell) _____

Address _____ City _____ State _____ Zip _____

Guardian _____

Phone (H) _____ (W) _____ (Cell) _____

Emergency Contact _____

Phone (H) _____ (W) _____ (Cell) _____

Physician name _____ phone _____

Physician address _____ City _____ State _____ Zip _____

Preferred Medical Facility _____ phone _____

Facility Address _____ City _____ State _____ Zip _____

Health Insurance Company _____ Policy # _____ Group # _____

Your signature below indicates you have read and understand and give consent to all segments of this document.

Volunteer signature _____ **Date** _____

Guardian signature _____ **Date** _____

NON-CONSENT PLAN: I do not give my consent for emergency medical treatment/aid for above named volunteer in the case of illness or injury during the process of volunteering or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place: (Please note that non-consent provisions are subject to review by the Exceptional Equestrians of the Missouri Valley, Inc. Board of Directors and may result in volunteer non-acceptance to the program.)

Non-Consent signature _____ **Date** _____

*** Please initial each portion of this document to verify that you have read every section.**

Exceptional Equestrians Client Confidentiality Policy

(To be filled in by volunteers)

Participants in the Exceptional Equestrians program have the right to confidentiality of their medical conditions, progress, behavior and participation at the facility. **No identifying information about clients may be released in pictures, writing or conversation by staff or volunteers without written consent of the client, parent, or guardian.** Clients and Volunteers must sign a photo release for Exceptional Equestrians to use audio-visual information for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the facility.

I understand that all client records at Exceptional Equestrians are confidential. I will not discuss any client information with anyone other than my supervisor at Exceptional Equestrians.

Signature

Date

VOLUNTEER DUTIES AT EXCEPTIONAL EQUESTRIANS

Exceptional Equestrians is a volunteer-based not-for-profit organization; we depend upon participation by the community. Volunteers are always needed in the following roles:

SIDE WALKER: This volunteer walks alongside the rider, providing physical and/or emotional support. The side walker's first priority is the rider. This is generally the first role a volunteer will be placed in when coming into the program.

LEADER: This volunteer leads the horse for the rider. This role requires a bit more training and horse experience than that of side walker. If you are comfortable around horses, this is a great role for you.

HORSE HANDLERS: These volunteers are responsible for getting our horses ready for class. They groom and tack the horses. This role requires the most training and horse experience. It is a good job for people comfortable around horses, who are perhaps not able to walk in the arena for a full class. This is an essential role, and we need several horse handlers each day that we have class.

BARN ASSISTANT: This is an important job, and perfect for our younger volunteers, or those not yet comfortable around horses. This job includes cleaning stalls, watering the arena, preparing the arena for class, and general cleaning.

CLEANING TACK: This vital job involves keeping our equipment in good condition. Since we depend so heavily on our saddles and other equipment, and since the cost of replacement is so high, it's crucial that everything be thoroughly cleaned and conditioned on a regular basis. This also helps us keep our costs down.

CLEANING THE FACILITY: With the dust constantly being raised in the arena, and the heavy use that our facility gets, our breezeway and restrooms always seem to be in need of cleaning. We'd love help in this area of our program!

LANDSCAPING: Our beautiful new facility brings with it a need for individuals who like to work on landscaping. Weeding and trimming are two jobs which would help keep our property looking brand new!

If you have any other talents that we could use, please let us know! We would be happy to find a role for you in the program!

Exceptional Equestrians Spring 2012 Calendar

FEBRUARY 2012

Sun	Mo	Tue	We	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29			

APRIL 2012

Sun	Mo	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

MARCH 2012

Sun	Mo	Tue	We	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

MAY 2012

Sun	Mo	Tue	We	Thu	Fri	Sat
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Spring Session #1 Dates
 Spring Session #2 Dates
 Volunteer Appreciation BBQ