

Equestrian Bridges Volunteer Application



5920 S. Bellview Road Rogers, AR 72758

479-301-2814

Equestrian Bridges is dedicated to help individuals and children with special needs, anxiety, social skills, Youth at Risk, Veterans and also their Families using Natural Horsemanship in Equine Assisted Activities & Therapies

Date _____

Name _____

D.O.B _____ / _____ / _____

Address _____ Apt./Unit _____

City _____ State _____ Zip _____

County _____

Home Phone (____) _____ Cell (____) _____

Work (____) _____ OK to call at work? **YES NO**

E-mail address _____

Occupation _____

Employer _____

T-shirt size _____

When are you available to volunteer? Mornings Afternoon Evening

How did you hear about EQUESTRIAN BRIDGES?

Briefly explain your experience with children:

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Briefly explain your experience with horses:

Indicate the reason you are seeking a Volunteer Position (check all that apply):

Personal fulfillment School requirement
 Practicum Hours Other _____
 Court Appointed Hours

- Please describe the reason for the mandatory hours: _____
- How many hours are needed _____
- By what date: _____

Please wear family friendly attire; closed toe shoes are mandatory while working in the arena. No consumption of alcoholic beverages is permitted before working your designated shift with Equestrian Bridge's. Professionalism is required and expected while volunteering with our families. No pictures or cell phone use allowed in arena without permission. Please do not share or ask for personal information of clients, cell phone numbers, email, etc.

Please initial the above statement has been read and is understood.

Most volunteers help 1-3 hours a week. At the end of your training if you sign up, YOU WILL BE ASKED TO COMMIT to a class (at least one class per week) or a time amount. Remember, our instructors and students are depending on you to help run the classes. IF YOU ARE NOT ABLE TO ATTEND YOUR VOLUNTEER TIME please call 24hrs in advance so a replacement can be contacted.

Our Mission

Equestrian Bridges fosters an innovative therapeutic experience both in the saddle and on the ground for individuals, families, and communities, empowering them by using Natural Horsemanship in Equine Assisted Activities and Therapies (EAAT).

Equestrian Bridges is a registered 501(c) 3 Not for Profit organization dedicated to help Northwest Arkansas children with special needs, youth at risk, veterans, individuals and their families. We empower these individuals by using Natural Horsemanship in Equine Assisted Activities and Therapies.

Latest statistics reveal that 1 in 5 individuals have mental health disorders that interfere with the way they think, feel, and act. When untreated, mental health disorders can lead to work and school failure, family disunity, drug abuse, violence, and suicide. Mental health disorders can also lead to financial strains on families, our communities, and the health care system. It is our greatest hope, for each of our programs to be provided at little to no cost for Northwest Arkansas families and individuals so that the current statistics will change for the better. Equestrian Bridges welcome sponsorships from local businesses so that scholarships can be made available for each of our programs.

EQUESTRIAN BRIDGES LIABILITY RELEASE and HOLD HARMLESS AGREEMENT

5920 S. Bellview Road Rogers AR, AR 72758

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____
HOME: _____ CELL: _____
EMAIL: _____

The undersigned participant, or parent/guardian of the above-named child, a minor, or volunteer or staff member do hereby release liability, discharge and hold harmless EQUESTRIAN BRIDGES, it's officers, trustees, agents, employees, representatives, business associates, New Reins LLC, property owner of 5920 S. Bellview Road Rogers, AR 72758, J.B. Hunt Family, business, or foundation, successors or friends from all manner of claims, demands, accidents, and damages of every kind and nature whatsoever which the undersigned and/or any of their family members, friends, volunteers or guests now or in the future have against EQUESTRIAN BRIDGES it's officers, trustees, agents, employees, volunteers, successors or assigns, including, but not limited to their negligence or ability in rendering the services provided by EQUESTRIAN BRIDGES.

I understand the horse-related activities are inherently dangerous and expressly assume the risks associated with visiting Owner's property and handling and riding horses on Owner's property. There is a possibility that I may fall or otherwise have an accident that may injure me severely. I understand that many people have been killed engaging in equestrian sports. I specifically assume full responsibility for such a possibility. I understand that horses are inherently unpredictable animals and even the most docile horse may occasional bolt, spook, buck, rear, bite, kick, pull back or otherwise act in such a way that may cause accidents, injury and death to myself, my minor child or others. Owner's property may contain defects. For example, footing at such facility, including arena, round pen, and pasture footing, can contain holes, rocks, uneven portions or otherwise be unpredictable. **I expressly assume all risks of engaging in horse-related activities, including the risk that Owner and/or Owner's guests, employees, agents or contractors (collectively, the Owner Parties) may be negligent. Accordingly, I agree upon behalf of the Visitor Parties not to sue the Owner Parties or otherwise make a claim against such parties in connection with any injury or death.** I covenant that I am competent to ride horses in the equestrian sport in which I am engaging, and I assume full and total responsibility for the horse I am riding, bystanders, other horses, and other riders. This includes any and all injury or accident as a result of all domestic or wildlife such as, but not limited to, horses, dogs, cats, burros, birds, rabbits, bugs and reptiles.

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I acknowledge that there is an Equine Activity Liability Act that is a law in Arkansas. It states the following: Equine (Horse) Activity Sponsor, Equine and/or Property Owner is Not Liable for Any Damages Suffered During an Equine Activity on These Premises. A Horse Is A Large Animal and May Be Unpredictable and Dangerous at Times. Extreme Caution Should Be Taken in Their Presence. Participants Assume the Inherent Risk of Equine Activities.

I acknowledge that under Arkansas Law, an Equine Activity Sponsor is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risk of equine activities. AR code title 16, sub. 7, chapter 120, sub. 2 (1987). I certify that I have been advised that a copy of that law is posted at facility, that I have read the law and that I fully understand the law.

I agree to defend, indemnify and hold Equestrian Bridges its employees, volunteers, board of trustees and students, agents, representatives, business associates, property owners, successors or friends harmless from all claims, demands, and causes of action, including court costs and attorney’s fees for any accident, damage, injury, illness, or even death to the Undersigned, or to any horse owned by the Undersigned, or to any family member or spectator accompanying the Undersigned on the premises either directly or indirectly arising from any action or activity on the premises against any proceedings brought by or prosecuted for my benefit, or the benefit of my heirs, executors, guests or family members against the Equestrian Bridges.

Signature: _____
(Participant, volunteer, parent/guardian or staff)

Date: _____

Witness: _____
(volunteer or staff of EQUESTRIAN BRIDGES)

Date: _____

PHOTO RELEASE AGREEMENT

I _____ DO, or I _____ DO NOT consent to and authorize the use and reproduction by Equestrian Bridges, Inc. of any and all photographs and any other audio/visual materials taken of me or my child for promotional material, educational activities, exhibitions or for any other use to benefit the program.

Signature: _____

Date: _____

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PLEASE CHECK YOUR INTEREST:

___ **Program Volunteers:** are adults, or students 16 or older seeking community service hours and/or self-fulfillment. They make a commitment to work at least one class on the same day/time each week on an ongoing basis with the program. The Volunteer agrees to provide two weeks' notice should it become necessary to discontinue volunteering. All program volunteers must attend a two-hour Volunteer Training. Alternative Volunteers opportunities may be discussed on a case-by-case basis. Please mark the programs listed below you are interested in helping.

___ **Substitute Volunteer:** Sometimes we have unexpected cancellations of program volunteers, we need a certain number of volunteers to run the program. You will be "on call" if we need a volunteer. Please mark the programs listed below you are interested in helping.

Programs:

___ **Ride to Grow School Based Program:** Volunteers help us in running learning stations, horse leading and side-walking during our school-based program for students with disabilities. Usually weekday mornings.

___ **Summer Camps:** Help us in running a learning station, horse leading and side walking for campers ages 5-15 during a 1-week camp during summer months.

___ **Dream Catchers:** Help us in being a mentor buddy for our one of a kind 8-week Social Skills program, you will be assigned to one child for the participating as a side-walker working with children with a range of abilities ages 5-18. This program also needs committed horse leaders.

___ **Reins:** Join us in being a mentor buddy and side walker during our emotional development program for at risk youth ages 13-18. This program also needs committed horse leaders.

___ **Trailblazers:** Join us in being a side walker or horse leader during our Veteran's program.

___ **Private Sessions:** Join us in being a mentor buddy and side-walker or horse leader during our private equine assisted activities and therapy sessions for individuals with disabilities ages 5 and up. Open 1-hour sessions run throughout the year.

___ **Fundraising Committees:** Volunteers commit to help plan, organize, and run a particular fundraiser. This is a commitment to follow through with the entire fundraiser and meet with committee as committee agrees to.

___ **Horse Leader:** Volunteers must attend a 2-hour training on how to work with the program's horses. Volunteers commit to a time scheduled with a staff member to come to the stables and work with the horses and stable work.

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____ **Equine Management Team:** Volunteers 16 or older to help with the health, training, and overall happiness of our therapy herd. This is a level training system from grooming and bathing to riding and loving our heart of our program, our therapy horses.

____ **Mini Buddies Team:** 15 and under to help with the health, training, and overall happiness of our miniature therapy herd. This is a level training system from grooming and bathing to groundwork and loving our heart of our program, our therapy horses.

____ **Other:** Please describe how you would like to help the organization:

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

The undersigned hereby grants to a staff member of Equestrian Bridges the authority to make health care decisions with respect to the volunteer if the undersigned is unavailable to make such decisions.

Volunteer Signature _____

Date _____

Signature of parent or Guardian (if under 18yrs.)

Date _____

In Case of an emergency contact: Name _____

Relationship _____

Day Phone _____ Evening Phone _____

PLEASE list any MEDICAL CONDITIONS or MEDICATIONS you are currently using that may affect your volunteer duties or that Equestrian Bridges should be aware of in case of an emergency (i.e. bee sting allergies, asthma, back pain, history of seizures, etc.), or any reason why working with children, horses and the public sector may not be appropriate. Please attach additional sheets if necessary.

**PLEASE READ BEFORE SIGNING:
I UNDERSTAND: initial**

_____ have signed the attached Release and Hold Harmless Agreement;

_____ and grant Equestrian Bridges to use my likeness, voice and/or words in television, radio, film or in any form to promote activities of Equestrian Bridges. *(Because of the volume of public relations opportunities that exist for Equestrian Bridges we are unable to offer volunteer opportunities to individuals who refuse consent.)*

_____ that current Tetanus and Hepatitis B vaccinations are recommended when working around horses and students;

_____ that, in order to volunteer at Equestrian Bridges, I am committing to the time periods signed up for, or will participate in the Substitute System, and will give as much notice as POSSIBLE when no longer able to volunteer.

I affirm that I have read the above and that the information I have given is true and complete. I understand that if at any time the information provided is found knowingly falsified or inappropriate, I will no longer be allowed to Volunteer for Equestrian Bridges

Volunteer Signature _____

Date _____

Signature of Parent or Guardian (if under 18yrs) _____

Date _____

Staff Only Notes

Training Date _____

Training Instructor _____