



511 W29667 Summit  
Avenue (US HWY 18)  
Waukesha, WI 53188

# LifeStriders

## Therapeutic Riding Center

Phone: (262) 565-6124  
Email: [striders@lifestriders.org](mailto:striders@lifestriders.org)  
[www.lifestriders.org](http://www.lifestriders.org)  
Fax: 866.404.3105

## VOLUNTEER REGISTRATION

Thank you for inquiring about volunteer opportunities at LifeStriders. Please review the following positions available. Applicants may sign up for more than one position per session.

### Side Walker/ Leader

In order to ensure safety and continuity of service for our clients, LifeStriders aims to have three committed volunteers per rider. We require prospective volunteers to commit to 1 lesson a week (minimum) for an 6-8 week session that they can attend regularly. This way we are sure not to disappoint a child or rider who has eagerly been waiting to ride all week long.

Side walkers and Leaders assist in therapeutic riding classes as well as horse care. We need interested people willing to commit to an ongoing volunteer position (6-8 weeks). Interested volunteers will be provided training.

**Skills and requirements:** Must be at least 13 years old. Must be able to walk for 45 minute sessions and not be afraid of horses. Horse experience preferred but not required.

If this hands on, rewarding experience sounds like something you would like to experience, please visit the VolunteerSpot link on our web-site to sign up for the day (s) and time(s) you are willing to volunteer for!

### Barn helper /grounds management

This ongoing volunteer position assists the barn manager with various horse care and barn chores and basic grounds keeping. Helpers also assist with preparing horses for lessons (grooming, tacking etc.) and assisting instructors set up arenas or other jobs as needed.

**Skills and Requirements:** Must be at least 12 years of age and not afraid of horses. Horse experience or work with disabled individuals is not required, but is a plus.

If this hands on, rewarding experience sounds like something you would like to experience, please visit the VolunteerSpot link on our web-site to sign up for the day (s) and time(s) you are willing to volunteer for!

### Grant Writing/Marketing/Fundraising

This ongoing position assists staff write and submit grant applications, plans and coordinates fundraising events and works to help staff with special events. Flexible hours, work from home or in office.

**VOLUNTEER FORM**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

If Student: \_\_\_\_\_ Age \_\_\_\_\_

Employer \_\_\_\_\_

Address: \_\_\_\_\_ Email \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent Guardian Name and Address (If Applicable)

\* \_\_\_\_\_ Phone \_\_\_\_\_

\* \_\_\_\_\_ Phone \_\_\_\_\_

CPR Certified Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Certification \_\_\_\_\_

**Photo Release**

I consent to authorize the use and reproduction by LifeStriders Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Date \_\_/\_\_/\_\_

**Signature** \_\_\_\_\_

**Volunteer Liability Release**

As a volunteer at LifeStriders: I acknowledge the risk of a horseback-riding program. However, I feel that the possible benefits to myself and the clients I work with, are greater than the risk I assume. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators waive, and release forever all claims for damage against LifeStriders Inc., its Board of Directors, instructors, therapists, volunteers, and or employees for any and all injuries and or losses I may sustain, while participating in LifeStriders program.

Date: \_\_/\_\_/\_\_

**Signature:** \_\_\_\_\_

**VOLUNTEER AUTHORIZATION  
FOR EMERGENCY MEDICAL TREATMENT**

In the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering, or while being on the property of the agency, I authorize a representative of LifeStriders to secure and retain medical treatment and transportation if needed.

Volunteer's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**In the event of an emergency, Please notify:**

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

**Consent Plan**

This Authorization includes x-rays, surgery, hospitalization, and medication and any treatment deemed "life saving" by the physician. This provision will only be invoked if the person above is unable to be reached.

Print Name: \_\_\_\_\_

Date \_\_\_\_\_ Consent Signature \_\_\_\_\_

**(Volunteer Parent or Guardian)**

**Non-Consent Plan**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of volunteering or while on the property of the agency. In the event that emergency treatment/aid is required, I wish the following procedure to take place:

\_\_\_\_\_

Print Name: \_\_\_\_\_

Date \_\_\_\_\_ Non-Consent Signature \_\_\_\_\_

**(Volunteer Parent or Guardian)**



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### SAFETY RULES

LifeStriders strives to provide a safe riding experience for all of our participants and requires that all participants, families and volunteers abide by our safety regulations. Please review and sign our safety rules.

- Please reserve parking in front of the building for Riders and Participants. Volunteer and Staff parking is available along the side and rear of the building.
- To avoid traffic jams in the driveways please arrive earlier than your designated class time.
- Parents or guardians must keep siblings, friends and relatives of the rider in the Viewing Areas. Please do not bring pets.
- When a volunteer escorts a rider to the parents or guardians, upon class completion, the parents or guardians need to contain the rider to the Viewing Areas
- For training and safety purposes, we ask that volunteers and participants **NEVER HAND FEED THE HORSES.**
- Please do not climb or lean on any fences, gates or doors.
- No one is to enter the Barn Manager's apartment or other buildings on the property, other than the barn.
- In order to ensure the safest riding conditions, we ask that children and visitors refrain from screaming, running, or ball playing on the premises.
- Only the rider and staff/volunteers are allowed in the teaching arena.
- Unless instructed to do so by the Therapeutic Riding Instructor, please refrain from giving the riders instructions.

#### Attire

- A helmet must be worn at all times during the lesson hour.
- Riders **MUST** wear long pants to ride, jeans are preferred.
- All Riders must wear shoes. No one will be allowed to ride or be around the horses if they are bare foot or in sandals. We prefer the shoes have a 1/4" heel rather than tennis-type shoes. Volunteers must wear sturdy non-opened toed shoes. We do not recommend steel-toed shoes.
- Volunteers- Please refrain from wearing clothes that is too tight or revealing- No tank tops, bra tops etc.

I have read and understand LifeStriders Safety Policy

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date