



LifeStriders
NATURE BASED · INTEGRATIVE · THERAPIES

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

Phone: (262) 565-6124
Email: striders@lifestriders.org
www.lifestriders.org
Fax: 866.404.3105

VOLUNTEER FORM

Last Name _____ First Name _____

DOB _____ Height (for sidewalking purposes) _____

Address _____

City: _____ State _____ Zip _____ County _____

Email _____ Phone _____

LifeStriders will be contacting you via email to begin your volunteer process. Please be sure to check your inbox and spam for communications.

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 _____



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PARTICIPATION WAIVER AND GUEST LIABILITY RELEASE AGREEMENT

As a participant/rider at LifeStriders, I acknowledge the risks and potential risks of horseback-riding and equine related activities. (Under the Wisconsin Equine Activity Civil Liability Act [WI Statute 895.481], each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss or damage to person or property resulting from the risk of equine activities). However, I feel that the possible benefits are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors or administrators, waive and release forever all claims for damages against LifeStriders, Inc., its Board of Directors, Advisors, Board, Action Committee, Instructors, Subcontracted Instructors, Therapists, Subcontracted Therapists, Aids, Volunteers, and/or Employees for any and all injuries sustained while participating in the LifeStriders program. All Volunteers and guests entering LifeStriders premises understand that they will be in contact with animals, and assume the risk of injury, and that it is possible that I or my guest(s) be bitten, scratched, and/or otherwise injured while on LifeStriders premises. I also understand that I or my guest(s) may be exposed to equine and/or other animal illness and disease and that it is also possible that I or my guest(s) could indirectly expose other animals to such illness and disease. My signature to this liability release attests to my, and my guest(s) intent to hold harmless and release from all liability against LifeStriders Inc., its Board of Directors, Instructors, Subcontracted Instructors, Therapists, Subcontracted Therapists, Subcontractors, Volunteers, and or Employees for any and all injuries and or losses I or my guest(s) may sustain, while attending LifeStriders premises.

Signature: _____
Date: ____/____/____

Signature of parent or guardian: _____
Date: ____/____/____
(if volunteer is under age 18)



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THIS BACKGROUND CHECK MUST BE COMPLETED BEFORE VOLUNTEER ACTIVITY

CONSENT TO PERFORM CRIMINAL HISTORY/BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

Print Name: (First)_____ (Middle)_____ (Last)_____

Former Name(s)_____ and Dates Used:_____

Current Address Since: (Mo/Yr)_____ (Street) _____

(City)_____ (Zip/State)_____

Previous Address From: (Mo/Yr)_____ (Street)_____

(City)_____ (Zip/State) _____

DOB: _____ Telephone Number: _____

Social Security Number: _____

Drivers License Number/State: _____

****TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL/VOLUNTEER FILE**

The information contained in this application is correct to the best of my knowledge. I hereby authorize and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: current and previous residences; employment history, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants' personal information, including, but not limited to, addresses, numbers, and dates of birth.

Signature: _____ Date: _____



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**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 if volunteer is under age 18)

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 _____ Date _____

(Volunteer Parent or Guardian if volunteer is under age 18)



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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 buildings for Participants. Volunteer and Staff parking is available in the back two thirds of the front lot and rear of the building
- To avoid traffic jams in the driveways please arrive earlier than your designated class time.
- Parents/caregivers must keep siblings, friends and relatives of the rider in the viewing areas.
- Please do not bring pets.
- No participants are to enter the barn isle unless accompanied by staff.
- Parents/caregivers will be solely responsible for the participants before and after arena/therapeutic riding time is completed.
- Parents/caregivers please walk to the gate to meet your participant after they have dismounted the horse. Once participants are done with arena/therapeutic session, parents/caregivers are asked to please assist their rider with feeding treats to the horses.
- Parents/caregivers need to remain on LifeStriders premises during therapeutic riding and/or Social Skills group sessions.
- For training and safety purposes, we ask that volunteers and participants NEVER HAND FEED THE HORSES.
- Hitting or kicking of horses is NEVER allowed, and will result in dismissal from the program.
- NO guns, knives, weapons or violence of any kind are allowed on LifeStriders premises. This is a zero tolerance rule. Violators will be asked to leave and not allowed to return.
- 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.
- No visitors are allowed in LifeStriders’ paddocks without prior approval from staff and must be accompanied with an approved volunteer or staff member.
- No visitors or volunteers are allowed in LifeStriders’ paddocks outside of operating hours without prior approval from staff.
- 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 participant and staff/volunteers are allowed in the teaching arena, unless parent or health care professional presence is requested by the instructor.
- Please keep the guidance given to riders in alignment with the therapeutic riding instructor’s directions.

Attire

- A helmet must be worn by participants at all times during the lesson hour.
- Long pants are recommended for both riders and volunteers.
- All participants must wear closed toe shoes. No one will be allowed to ride or be around the horses if they are bare foot or in sandals.
- Volunteers must wear sturdy closed toed shoes that will not slip off of the foot. We do not recommend steel-toed shoes.
- Volunteers- Please refrain from wearing clothing that is too tight or revealing- No tank tops, bra tops etc.

I have read and understand LifeStriders Safety Policy

Volunteer Signature: _____ Date _____

Participant Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____



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CONFIDENTIALITY AGREEMENT

CONFIDENTIALITY STANDARDS:

All patient information is to be treated as confidential, including the fact that the patient receives (or previously received) services through this office. The privacy and confidentiality of our patients are protected under the Ethics Codes of the mental health professions, state laws and regulations, and federal HIPAA Regulations. No patient information may be disclosed without the explicit informed consent of the patient and authorization by his/her clinician.

The following would be inappropriate, unethical, and/or illegal:

- Discussing/revealing patient information to anyone outside this office (e.g., friends, family, fellow students or supervisees, etc.).
- Discussing/revealing patient information to another volunteer who has no legitimate need to know.
- Obtaining patient information not directly necessary for safety and patient treatment.
- Placing patient information on the internet or into any other publicly-available forum without consent.

VOLUNTEER CONFIDENTIALITY AGREEMENT

I hereby acknowledge, by my signature below, that I understand that any patient information to which I am made privy is considered confidential, including clinical information, financial information, or any other identifiable information about clients participating in any of the programs offered at LifeStriders.

Printed Name _____

Signature _____

Date: ____/____/____



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DISMISSAL OF VOLUNTEERS AND GUESTS FROM CENTER ACTIVITIES

LifeStriders relies greatly on volunteers as important members of the team who provide services to and assist our clients. We also recognize the extreme importance of the safety and well-being of our clients, volunteers, staff, guests and animals. All Volunteers and guests (guests = participants, siblings, parents, other relatives, friends) are expected to follow LifeStriders rules and policies and may not engage in disruptive, unsafe or inappropriate behavior. In the event a volunteer or guest does not comply, **the following actions may be taken:**

- Level 1 Verbal Warning**
Breaking of LifeStriders rules and /or policies and procedures may be followed by a verbal warning from LifeStriders Staff to be documented in the incident report book.

- Level 2 Written Warning**
Breaking of LifeStriders rules and/or policies and procedures for a second time will be followed by a Personnel/Staff meeting for discussion regarding the infraction. The purpose of the meeting is to determine the exact reason the infraction occurred for second time and discuss with the volunteer/guest how to avoid the circumstance ever occurring again. This meeting will be documented and placed in the incident report book.

- Level 3 Dismissal from Organization**
Immediate dismissal from the property and organization will occur for:
 - Endangering the safety of others
 - Inappropriate use of the facilities, mailing lists or monies
 - Disruptive or abusive behavior to the animals or individuals at LifeStriders
 - Repeated disregard of the organizations rules, policies and procedures
 - Possession of a weapon, illegal drugs or a paraphernalia
 - Being under the influence of alcohol or drugs

DISMISSAL OF VOLUNTEERS AND GUESTS FROM CENTER ACTIVITIES

I have read and understand the policies and program rules by which LifeStriders operates. By signing below, I indicate my willingness to abide by these rules and policies. I further understand that failure to comply with these policies and rules will result in discharge from the program.

Volunteer Name (please print): _____ Date _____

Volunteer Signature: _____ Date _____

Parent/Guardian (please print) _____ Date _____

Parent/Guardian Signature _____ Date _____



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RELEASE OF LIABILITY CORNAVIRUS/COVID-19 WAIVER

In consideration for being permitted to utilize the facilities, services, and programs of LifeStriders, Inc. for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with LifeStriders, Inc., without respect to location, the undersigned, for himself or herself and any personal guests, representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into LifeStriders, Inc. for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation. **IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER LIFESTRIDERS FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH LIFESTRIDERS, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING: 1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE LifeStriders, Inc.,** its directors, officers, employees, and agents (hereinafter referred to as “releasees”) from all liability to the undersigned, his personal guests or representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with LifeStriders, Inc., without respect to location. **2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about LifeStriders, Inc. premises or in any way observing or using any facilities or equipment of LifeStriders, Inc. or participating in any program affiliated with LifeStriders, Inc. whether caused by the negligence of the releasees or otherwise. 3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of LifeStriders, Inc. and/or while using the premises or any facilities or equipment thereon or participating in any program/activity affiliated with LifeStriders, Inc.. 4. THE UNDERSIGNED HEREBY AGREES TO SUPERVISE AND BE RESPONSIBLE FOR ALL GUESTS AND MINOR GUESTS. THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Wisconsin and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.**



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5. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. LifeStriders, Inc., has put in place preventative measures to reduce the spread of COVID-19; however, LifeStriders cannot guarantee that you, your guests or your child(ren) will not become infected with COVID-19. Further, attending LifeStriders could increase your risk and your child(ren)'s risk of contracting COVID19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my guests, child(ren) and I may be exposed to or infected by COVID-19 by attending LifeStriders and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at LifeStriders may result from the actions, omissions, or negligence of myself and others, including, but not limited to, LifeStriders' employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my guests, child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at LifeStriders or participation in LifeStriders programming ("Claims"). THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made. On my behalf, and on behalf of my guests and children, I hereby release, covenant not to sue, discharge, and hold harmless LifeStriders, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

Printed Name: _____

Signature: _____

Date: ____/____/____

Signature of parent or guardian: _____
(if above signed is under age 18)

Date: ____/____/____



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VOLUNTEER OPPORTUNITIES

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

Side walkers and Leaders assist in equine assisted therapeutic classes. 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. No experience necessary.

Barn Helper /Grounds Management

This ongoing volunteer position assists the barn manager with various horse care and barn chores and basic grounds keeping.

Skills and Requirements: Must be at least 8 years of age and not afraid of horses. No experience necessary.

Fundraising Event Committee

This ongoing position works with staff to help plan and coordinate fundraising events. Work from home with scheduled meetings and flexible hours.

Grant Writing

This ongoing position works with staff to write and submit grant applications. Work from home with scheduled meetings and flexible hours.

Marketing/Advertising

This ongoing position works with staff to manage webpages, social media platforms, design media and more. Work from home with scheduled meetings and flexible hours.

Have other skillsets and interests that you are willing to share? LifeStriders can always use help in the following areas:

- | | |
|------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Mechanics | <input type="checkbox"/> Moving Hay |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Other_____ |



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VOLUNTEER SKILLS CHECKLIST

Please bring this checklist with you to your orientation. Your mentor will initial the related checkbox as they complete your training. Please alert staff if you have been unable to receive training in all fields.

Day 1 - General Information

- Tour of facility, fire extinguishers, first aid kits, and emergency number locations
- Where to go in case of tornado
- Sign in and the importance of nametags
- Tack room layout and organization
- Loading areas and protocol as well as gates
- How to sign up and/or cancel volunteer times
- No “striking” policy
- No weapons, illegal drugs or paraphernalia policy
- Clothing
- Being respectful of clients
- Other volunteer opportunities
- Operating hours
- Safety stirrups
- Shadow a Class

Day 1 - Equine Information

- Job of a barn helper
- Quick release ties and no horse left alone protocol
- Operating stalls and ensuring doors all the way open
- Please do not tie horses unless necessary and never tie horses with a rider on
- Pasture etiquette and safety
- Never go out to pastures alone unless approved by staff and you have an equine skills stripe on your name tag
- Never go into pastures when feeding grain and no treats in paddocks
- Fence gates, latched and closed tightly behind you, unless you are leaving them open for horses to graze

Day 2 – Classes

- Job of a leader
- Job of a side walker
- Safety stirrups
- Different holds – on and off of the horse
- How to position correctly as a side walker
- Ability to walk (fast) and jog/run while trotting with team
- Where treats are located and how many treats to feed
- How clients should offer treats to horses
- Come into center for any questions
- Communication between instructor and volunteers
- Shadow a Class

Day 2 – Equine Information

- Individual personalities of equines
- Body language of horses
- How to hold a lead rope
- Grooming and equine skill level stripes
- No more than 2 people per horse while grooming
- Check all watertanks
- Make sure to check with staff which paddocks horses should be returned to
- Boarded horses are not to be handled by volunteers unless approved by LifeStriders’ administrative staff

- Emergency dismounts - practice

When you have completed your checklist, please bring this checklist to administration to schedule your emergency dismount practice.



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BARN HELPER CHECKLIST

Please ask your mentor to initial the related checkbox. Please alert staff if you have been unable to receive training in all fields. Please hand in to staff when your checklist is complete.

General

- Tour of facility, fire extinguishers, first aid kits, and emergency number locations
- Where to go in case of tornado
- Sign in and the importance of name tags
- Job of a barn helper
- Operating hours

Facilities

- How to sign up and/or cancel volunteer times
- No “striking” policy
- No weapons, illegal drugs or paraphernalia policy
- Clothing

Safety

- Never go out to pastures alone unless approved by staff and you have an equine skills stripe on your name tag
- Never go into paddocks when feeding grain and no treats in paddocks
- Boarded horses are not to be handled by volunteers unless approved by LifeStriders’ administrative staff
- Operating stalls and ensuring doors all the way open
- Fence gates, latched and closed tightly behind you, unless you are leaving them open for horses to graze

Equine

- Individual personalities of equines
- Body language of horses
- How to hold a lead rope
- Grooming and equine skill level stripes
- No more than 2 people per horse while grooming
- Pasture etiquette and safety
- Check all watertanks
- Make sure to check with staff which paddocks horses should be returned to