

LifeStriders

Therapeutic Riding Center
S11 W29667 Summit Ave., Waukesha, WI 53188, (262)-565-6124

Email:
striders@lifestriders.org

Website:
www.lifestriders.org

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 select the day (s) and time(s) you are willing to volunteer and submit the volunteer application!

Tuesday	Wednesday	Thursday	Saturday
3:30pm-5pm	3:30 pm-5pm	3:30 pm-5pm	8:30 -10 am
5pm-6pm	5pm-6pm	5pm-6pm	10-11am
			11am- noon

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 select the day (s) and time(s) you are willing to volunteer and submit the volunteer application!

Tuesday	Wednesday	Thursday	Saturday
3:00 pm-5pm	3:00 pm-5pm	3:00 pm-5pm	8:30 -10 am
5pm- 6:30pm	5pm- 6:30pm	5pm- 6:30pm	10 am – 12:30pm

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:

Date _____ Non-Consent Signature _____

(Volunteer Parent or Guardian)

Print Name: _____