



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 _____

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 _____



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 and Guests 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, Subcontracted Instructors, Therapists, Subcontracted Therapists Volunteers, and or Employees for any and all injuries and or losses I may sustain, while participating in LifeStriders program.

All Volunteers and guests (guests = participants, siblings, parents, other relatives, friends) 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, 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)



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

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: _____



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 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)



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

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 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.
- When a volunteer escorts a participant to the parents/caregiver, upon class completion, the parents/caregivers need to contain the rider to the Viewing Areas
- 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 riding time, parents/caregivers are asked to please help 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.
- 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 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.
- Participants MUST wear long pants to ride, jeans are preferred.
- All participants 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 _____

Participant Signature: _____ Date _____

Parent/Foster Parent/Guardian Signature: _____ Date _____



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

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 _____



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

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 _____



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



LifeStriders
NATURE BASED · INTEGRATIVE · THERAPIES

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

Side walkers and Leaders assist in therapeutic riding classes as well as horse care. Interested volunteers will be provided training.

In order to ensure safety and continuity of service for our clients, LifeStriders aims to have three committed volunteers per rider. This way we are sure not to disappoint a child or rider who has eagerly been waiting to ride all week long. It is ideal if volunteers can commit to a consistent schedule, however we are grateful for any time that you have and will work around your schedule to the best of our abilities.

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.

If this hands on, rewarding experience sounds like something you would like to get in involved in, please contact a LifeStriders representative to learn more.

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 8 years of age and not afraid of horses. No experience necessary.

If this hands on, rewarding experience sounds like something you would like to get in involved in, please contact a LifeStriders representative to learn more.

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.



LifeStriders
NATURE BASED · INTEGRATIVE · THERAPIES

S11 W29667 Summit
Avenue (US HWY 18)
Waukesha, WI 53188

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

**Please keep this checklist, and bring it with you to your orientation.
As you are instructed in certain fields, please ask your instructor/volunteer 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.**

- Tour of facility
- Fire extinguishers, first aid kits, and emergency number locations
- Where to go in case of tornado
- Bathrooms and bubbler
- Sign in and name tags
- Tack room lay out and organization
- Where treats are located and how many treats to feed
- How clients should offer treats to horses
- Quick Release ties and no horse left alone protocol
- Stalls
- Please don't tie horses unless necessary, and never tie the horse with a rider on
- Loading areas and protocol as well as gates
- Safety stirrups
- How to hold a lead rope
- How to position correctly as a side walker
- Different holds – on and off of the horse
- Emergency dismounts - practice
- Job of a leader
- Job of a side walker
- Job of a barn helper, i.e. hoof picking, grooming, turn out
- Ability to walk (fast) and trot alongside or leading
- Come into center for any questions
- Individual personalities of equines
- Pasture etiquette
- Be respectful of clients
- No "Striking" Policy
- How to sign up and/or cancel volunteer times
- No Weapons, illegal drugs or paraphernalia policy
- Clothing
- Communication between instructor and volunteers about comfort in job being done



S11 W29667 Summit
Avenue (US HWY 18)
Waukesha, WI 53188



LifeStriders
NATURE BASED · INTEGRATIVE · THERAPIES

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

Barn Helper Checklist

Please ask your instructor / volunteer 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.

- Tour of facility
- Fire extinguishers, first aid kits, and emergency number locations
- Where to go in case of tornado
- Bathrooms and bubbler
- Sign in and name tags
- Job of a barn helper
- Make sure stall doors are all the way open and locks are out of the way when taking horses in and out of stalls
- Pasture etiquette
- Fence gates, latched and closed behind you, unless you are leaving them open for horses to graze
- Never go out to pastures alone unless you have graduated to a white name tag
- Check all water tanks
- Never go into the pastures while feeding grain
- Make sure to check with staff which paddocks horses should be returned to
- Boarder horses are not to be handled by volunteers unless approved by Program Manager
- Individual personalities of equines, body language of horses
- How to hold a lead rope
- How to groom, needing initials to do it by yourself
- No more than 2 people to a horse while grooming
- How to sign up and / or cancel volunteer times
- No “striking” policy
- No weapons, illegal drugs or paraphernalia policy
- Clothing