



WELCOME VOLUNTEER!

Website: www.InStridetherapy.org

email: volunteers@instridetherapy.org

1629 Ranch Road Nokomis, FL 34275

Tel: 941.412.9333

Dear Prospective Volunteer:

Thank you so much for your interest in InStride Therapy. We have been in operation since 1995 as a non-profit organization that provides hippotherapy and therapeutic riding for disabled individuals. Our highly individualized program is designed specifically for each rider. We are very proud of what we have accomplished and are excited to invite you to become a part of our team.

The benefits and joys the riders, as well as, their families receive make a commitment to volunteering at InStride incredibly rewarding. We rely on the weekly participation of our volunteers to provide safe and effective therapy of our special riders. Without the dedication and commitment of the volunteers, our program would not be possible.

We encourage volunteers to have a consistent schedule in the days and/or hours they volunteer within each operating session. We do ask that if you are not going to be here on your scheduled days of volunteering that you call to let us know. As you begin to know the riders, you will find that you become a part of their journey in hippotherapy and the benefits they achieve, with your help.

Thank you again for your interest in volunteering!

Sincerely,

The InStride Staff



Mission: Partnering with our horses, we challenge individuals with special needs to reach their full potential.



VOLUNTEER INFORMATION

Date: _____

PIN # _____

Please give us a 4 or 5 digit number that you will remember for our Volunteer check-in

First Name: _____ MI: _____ Last Name: _____

Address: _____
Street City State Zip

Email: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____ Other: _____

If student, name of school: _____ City: _____

If student, are you fulfilling required Bright Futures/School credit hours? Yes No

If retired what is your previous field:

Are you a fulltime resident: Yes No I am out of town from _____ to _____

While not required for all volunteer positions, please describe any previous experience with horses:

Hobbies/Interest: _____

Are you certified in CPR? Yes No Are you certified in First Aid? Yes No

Emergency contact name: _____ Relationship: _____

Phone: _____ Cell: _____ Work: _____

Physician: _____ Phone: _____

Allergies: _____

Medical Conditions: Yes No If yes, please explain: _____

Medications: _____

How did you learn about InStride Therapy: _____

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PROGRAM SCHEDULES

While schedules do change, please check all times you wish to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM Barn Help	Chores/Feeding 8am-12pm 0	Chores/Feeding 8am-12pm 0	Chores/Feeding 8am-12:00pm 0	Chores/Feeding 8am-12pm 0	Chores/Feeding 8am-12pm 0	Chores/Feeding 8am-12pm 0	Chores/Feeding 8am-12pm 0
PM Barn Help	Chores/Feeding 2pm-5pm 0	Chores/Feeding 2pm-5:00pm 0	Chores/Feeding 2:00pm-5:00pm 0	Chores/Feeding 2:00pm-5:00pm 0	Chores/Feeding 2:00pm-5:00pm 0	Chores/Feeding 2:00pm-5:00pm 0	Chores/Feeding 2:00pm-5:00pm 0
AM Hippo		Side-walking 8:30am-12pm 0	Side-walking 8:30am-12pm 0	Oak Park Sept-May 8:30-11:30 am 0		Side-walking 8-12:00pm 0	
PM Hippo		Side-walking 2:30pm-5:30pm 0		Side-walking 2:30pm-5:30pm 0			
Other Programs				Literacy Program 8:-11:30am 0			

Please check all areas of interest. Some areas require specialized training.

- | | | |
|--|---|--|
| <input type="checkbox"/> Barn/Facility Maintenance | <input type="checkbox"/> Side-walking | <input type="checkbox"/> Horse Leader |
| <input type="checkbox"/> Special Olympics (Jan-May) | <input type="checkbox"/> Literacy Program (School year) | <input type="checkbox"/> Office/Computer Support |
| <input type="checkbox"/> Speakers Bureau (Community Education) | <input type="checkbox"/> Special Barn Projects | <input type="checkbox"/> Office Support |
| <input type="checkbox"/> Volunteer Recruitment | <input type="checkbox"/> Resource Development/Fundraising | <input type="checkbox"/> Photography/Video |

To be qualified as a side-walker with clients, you must be able to walk continuously for 1 hour on uneven ground, and must be able to lift a minimum of 50 lbs. and be able to work outside in our Florida climate. Do you have any physical conditions that would not allow you to perform the above. Yes No If yes, please explain:

*SPECIAL NOTES

- * We have a minimum height requirement for all Side-walkers.
- * A formal background check may be performed.

Is volunteer time to be used for Community Service Hours? YES NO

If YES, please answer the following:

How many hours are needed? _____

What is the offence? _____

Probation Officer's Name: _____ Phone: _____

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RELEASE

If volunteer is under the age of 18, the signature of a parent/legal guardian is required.

IN CASE OF EMERGENCY:

Preferred Medical Facility: _____

In case of an emergency,

____ I give my consent to InStride Therapy to secure any medical treatment deemed necessary including: x-ray, surgery, hospitalization, and medication.

____ I DO NOT give my consent to InStride Therapy to secure any medical treatment deemed necessary including: x-ray, surgery, hospitalization, and medication.

♥SIGNATURE: _____ Date: _____

(If volunteer is under the age of 18, the signature of a parent/legal guardian is required)

VOLUNTEER LIABILITY RELEASE:

As a volunteer at InStride therapy, I acknowledge the risks and potential of a horseback riding program. However, I feel that the possible benefits to myself and the clients I work with are greater than the risks assumed. I hereby intend to be legally bound for myself, my heirs and assigns, executors of administrators, waive and release forever all claims for damages against InStride Therapy, it's Board of Directors, Instructors, Therapists, Volunteers and/or Employees for any and all injuries and/or losses I may sustain while participating at InStride Therapy.

♥SIGNATURE: _____ Date: _____

(If volunteer is under the age of 18, the signature of a parent/legal guardian is required)

PHOTO RELEASE:

I consent to and authorize the use and reproduction by InStride Therapy to any and all photographs and any other audiovisual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

____ I consent to the photo release.

____ I do not consent to the photo release.

♥SIGNATURE: _____ Date: _____

(If volunteer is under the age of 18, the signature of a parent/legal guardian is required)

OATH OF CONFIDENTIALITY

InStride Equine Assisted Therapy honors volunteer and client confidentiality. Both written and verbal communication about all volunteers and clients will not be distributed to any other organizations. I agree not to disclose any information at any time to any unauthorized persons. (Authorized persons: Staff, Therapists, other volunteers.)

♥SIGNATURE: _____ Date: _____

(If volunteer is under the age of 18, the signature of a parent/legal guardian is required)

OFFICE INFORMATION ONLY

NAME OF PERSON CONDUCTING ORIENTAION: _____

DATE OF ORIENTAION: _____

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