



Dear Prospective Volunteer,

Thank you so much for your interest in the M.A.R.E. Therapeutic Riding Center. We have been in operation since 1990 as a non-profit volunteer program of horsemanship for the disabled. Our highly individualized program is designed specifically for each rider. We are very proud of what we accomplish and invite you to become a part of our team.

The benefits and joys the riders and their families receive make a commitment to M.A.R.E. extremely rewarding. We rely on the weekly participation of our volunteers to provide safe and effective lessons for our riders. Without the dedication and commitment of volunteers, our program would not be possible.

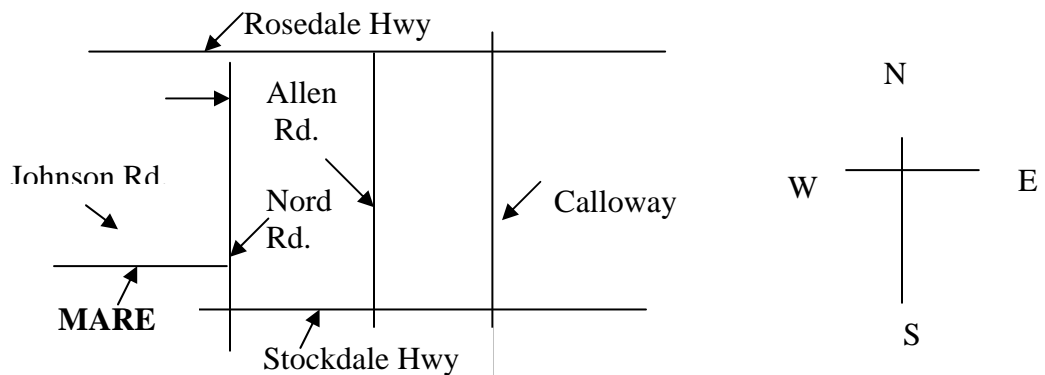
Many of our riders have a need for consistency and many of them have difficulty with change. Therefore, we encourage volunteers to have a consistent schedule in the day(s) and the hour(s) they volunteer. We understand that your time is valuable, and we are willing to be flexible with scheduling to facilitate our program needs.

Please complete the application and return it to the volunteer coordinator. We will contact you to arrange for an orientation and a start date. Please feel free to give us a call at 589-1877 if you have any questions.

We look forward to hearing from you soon. Thanks again for your interest.

Sincerely,

Deborah Durkan
Deborah Durkan
Executive Director
Program Director



Nord is 3 miles west of Allen Road
(Map is not to scale)



VOLUNTEER OPPORTUNITIES

Lesson Volunteers

Lesson Volunteers work directly with the Instructors to provide assistance prior to and during lessons. The main responsibilities include participating in the lesson by leading the horse or sidewalking, and grooming and tacking the horses. Minimum age is 14.

Office Volunteers

Under the direction of a Staff member, office volunteers serve to assist in the administrative functions of the organization, which may include copying, data entry, mailing and answering phones.

Fundraising Volunteers

Working with the Executive Director and event chairperson, these volunteers plan and staff special events which direct the community's attention and support to M.A.R.E. They can also assist with grant writing and corporate gift solicitation. Annual events include Evening of Elegance and Diamonds to Denim.

Maintenance Volunteers

Maintenance Volunteers perform routine repair on the facilities at M.A.R.E. These duties include cleaning stall, fixing sprinklers, working in the flowerbeds, mowing the lawn, etc. Previous maintenance experience and tools are useful but not necessary.

Lesson Volunteer Job Description

Qualifications

1. Minimum age of 14 years.
2. Physically able of performing assigned tasks.
 - a. Walk 30 minutes in sand with arm elevated.
 - b. Jog one time around the arena.
 - c. Able to tolerate temperatures ranging from 30 degrees to 105 degrees.
 - d. Ability to assist in emergency dismount and the ability to remain calm in an emergency.
 - e. Ability to follow the instructor's directions.
3. Willingness to learn and follow M.A.R.E.'s procedures.
4. Able to accept constructive feedback.
5. Able to commit to a consistent volunteer schedule.
6. Horse knowledge and experience helpful but not necessary.
7. Dress in an appropriate and professional manner. Must wear shoes with closed heel and toe.

Responsibilities

1. Arrive when scheduled or notify staff if unable to attend regularly scheduled time.
2. Assist instructors and therapists by leading or sidewalking with riders.
3. Assist staff with lesson preparation.
4. Assist with activities required at the end of the day.
5. Perform miscellaneous tasks assigned by staff.

18200 Johnson Rd. • Bakersfield, CA 93314
 (661) 589-1877 • Fax (661) 589-2083 • glenna@mareridingcenter.com



THE ROLE OF THE VOLUNTEER

M.A.R.E.'s most valuable resource is its trained volunteers. Without their time, caring and enthusiasm, M.A.R.E. would not be able to operate. Most M.A.R.E. volunteers are quick to point out that they get as much in return as they give. They are rewarded as a rider leaves behind a wheelchair and beams radiantly from the back of a horse. The volunteer shares the highlight of the rider's week as he maneuvers his mount over obstacles or confidently urges his horse forward around the arena. As a lesson volunteer you will be a part of a professional team that consists of NARHA Certified Registered and Advanced Level instructors and a licensed Occupational Therapist.

Please answer the following questions...

1. What would you like to gain from your experience at M.A.R.E?
2. Do you have experience with horses? If yes, explain briefly.
3. Do you have experience working with mentally and/or physically disabled children and adults? If yes, explain briefly.
4. Lesson volunteers either lead the horse or walk beside the horse to assist a rider for up to one hour per lesson in all kinds of weather. Do you have any physical limitations that would make this difficult for you?
5. List any previous volunteer experience.
6. How did you hear about M.A.R.E?



Volunteer Information Form and Health History

General Information

Name _____ Date _____

Address _____ ZIP _____

Email Address _____

Date of Birth _____ Phone(H) _____ (W) _____

(cell phone) _____

Employer/School _____

Address _____

Parent/Legal Guardian Name & Address _____

Emergency Contact: Name: _____ Phone#: _____

Recent medical tests: Last tetanus shot _____ Tuberculosis Test + - Date: _____
 (Consult your physician or local health department if you are not up to date with these shots/tests)

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies: _____

Medications: _____



Participant and Staff Authorization for Emergency Medical Treatment Form

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize M.A.R.E. Therapeutic Riding Center to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Participant's name: _____ Phone: _____

Address: _____

Emergency Contact

Name: _____ Phone: _____

Name: _____ Phone: _____

Physician's name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance: _____ Policy: _____

Consent Plan:

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

Date: _____ Consent Signature: _____

Client, Parent or Guardian

Print Name: _____ Phone: _____

Address: _____

Non-Consent Plan

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

Date: _____ Non-Consent Signature: _____

Client Parent or Guardian

Print Name: _____ Phone: _____

Address: _____



Check which areas you are interested in or have experience in:

Program

- Horse Handling
 Sidewalking
 Stable Management
 Facility Repairs

Special Events

- Horse Show
 Fundraising
 Special Olympics

Administration

- Public Relations
 Grant Writing
 Newsletter
 Volunteer Recruitment
 Photography/Video
 Budget & Finance
 Future Planning

I understand the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: _____ Date: _____

Photo Release

I Do
 Do Not

Consent to and authorize the use and reproduction by _____
 Of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibition or for any other use for the benefit of the center.

Signature: _____ Date: _____

Background Information

Have you ever been charged with or convicted of a crime? Y N: please explain _____

I _____ (volunteer/staff), authorize _____ (center)

to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes upon children or animals.



I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize the NARHA center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation..

Signature: _____ Date: _____
(volunteer/staff)

CURRENT DRIVER'S LICENSE? Y N LICENSE NUMER _____ STATE _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this NARHA center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature _____ Date: _____



VOLUNTEER WAIVER AND RELEASE OF LIABILITY

NOTICE TO VOLUNTEER: DO NOT SIGN this agreement BEFORE you read it, or if it contains any blank spaces to be filled in. For volunteers less than 18 years old, this form must be initialed and signed by a Parent or Legal Guardian.

I, _____ (Volunteer's Name), acknowledge that I will not be permitted to participate in the M.A.R.E. Therapeutic Riding Center's Programs (herein, M.A.R.E. PROGRAMS) if I do not agree to the terms of this waiver. I further acknowledge that by not agreeing to the terms of this waiver, I will not be allowed to participate in the M.A.R.E. Therapeutic Riding Center Programs. _____ (initial)

I ACKNOWLEDGE that I have the opportunity to have the M.A.R.E. PROGRAMS explained to me, or I have declined to have them explained to me. I UNDERSTAND AND FULLY APPRECIATE THE RISK OF INJURY INVOLVED in participating as a volunteer in the M.A.R.E. PROGRAMS. _____ (initial)

I ACKNOWLEDGE that I have read and fully understand the volunteer information and emergency procedure forms provided to me. _____ (initial)

I ACKNOWLEDGE that I have been shown and fully understand the Equestrian Safety Video. _____ (initial)

I would like to participate as a volunteer in the M.A.R.E. PROGRAMS. I ACKNOWLEDGE that mounted and un-mounted EQUESTRIAN ACTIVITIES, including but not limited to: riding a horse, driving or riding in a cart drawn by a horse, vaulting on a horse, and other mounted and un-mounted equestrian activities, are INHERENTLY DANGEROUS ACTIVITIES which involve a risk of injury. I ACKNOWLEDGE THAT I MAY SUSTAIN INJURIES. I EXPRESSLY ASSUME ALL KNOWN OR UNKNOWN RISKS involved in such activities and PARTICIPATE AT MY OWN RISK. _____ (initial)

I ACKNOWLEDGE that due to the nature of equestrian activities, accidents can and do occur even if the utmost care and safety is exercised. Nevertheless, I hereby, EXPRESSLY WAIVE, RELEASE, AND FOREVER DISCHARGE M.A.R.E. Therapeutic Riding Center, its Board of Directors, Instructors, Therapists, Aides, Volunteers, Agents, Employees, Sponsors, and Affiliates whosoever from ANY AND ALL LIABILITY, CLAIM, LOSS, DAMAGE, COST, OR EXPENSE arising from, or attributable in any legal way to, ANY NEGLIGENT ACT OR OMISSION on the part of any such person or organization. _____ (initial)



I ACKNOWLEDGE that I have carefully read this waiver and release and FULLY UNDERSTAND that it is a RELEASE OF LIABILITY. I also acknowledge that I AM WAIVING ANY AND ALL RIGHTS that I may have to bring a lawsuit in which I could assert a claim against M.A.R.E. Therapeutic Riding Center and all the other persons mentioned for ANY DAMAGES CAUSED BY THE NEGLIGENCE OF THE AFOREMENTIONED PARTIES.

Date: _____

Signature: _____

Volunteer

For The Parents and Guardians of Volunteers under 18 years old:

I ACKNOWLEDGE that I have carefully read this waiver and release on behalf of my child or ward and FULLY UNDERSTAND that it is a RELEASE OF LIABILITY. I acknowledge that I AM WAIVING ANY AND ALL RIGHTS that my child or ward may have to bring a lawsuit against M.A.R.E. Therapeutic Riding Center and all the other persons mentioned above for ANY DAMAGES CAUSED BY THE NEGLIGENCE OF THE AFOREMENTIONED PARTIES. I hereby CONSENT TO THE TERMS OF THIS WAIVER and allow my child or ward to participate as a volunteer in the Programs.

Date: _____

Signature: _____

Parent or Guardian



MARE relies heavily on volunteers as important members of the team that provides services to and assists our clients. MARE also welcomes guests to visit at any time classes are in session or when there are staff members or volunteers present to greet and assist them.

MARE also recognizes the extreme importance of the safety and well being of our clients, volunteers, staff, guests and horses. There may, however, be occasions when a volunteer or guest must be dismissed and/or told to leave the premises. When this occurs, the following applies, as appropriate.

A guest or volunteer maybe told to leave the premises immediately if, for example, he/she:

- Threatens the safety of others
- Is disruptive or abusive.
- Is not in compliance with MARE policies
- Is in possession of a weapon
- Is under the influence of alcohol or drugs
- Mistreats any animal or person at MARE
- Acts inappropriately or dangerously

A volunteer for guest who commits any of the above actions, or whose actions may resulting a situation of a potentially serious nature, will be told to leave by the most senior staff member available at the time. It is preferable that two staff members be involved in any decision that may result in expulsion from the premises and that two staff members participate in confronting the offending volunteer or guest. In situations where circumstances are not clear, if possible, the Program Director should be contacted, to resolve the situation personally or provide guidance to or authorize others to do so.

At any time, if any staff feels threatened, law enforcement officials will be contacted for assistance and security.

In addition, if a volunteer is in violation of any MARE policies or procedures, fails to follow or ignores instructions from a staff member or is not adequately performing his/her responsibilities as a volunteer, the Volunteer Coordinator will be notified. The Volunteer Coordinator will conduct an investigation, interview all individuals who can help establish the facts, and then document findings and review them with the Program Director. IF warranted, the Volunteer Coordinator and the Program Director or any other staff member will counsel the volunteer in a private meeting. Documentation of the investigation and counseling notes from the counseling session (which should be written immediately after the session) will be kept in the volunteer's file.

If the Volunteer Coordinator and the Program Director or other staff member believes as a result of the investigation and counseling session, that the volunteer will be able to better serve the clients and program, he/she may be permitted to continue serving as a volunteer. However, if the results of the investigation and counseling session reveal that there are or will be no improvements on the part of the volunteer, MARE will terminate the volunteer's services and direct him/her to leave immediately. A volunteer will be dismissed only after consultation with the appropriate staff by the volunteer's actions and the Program Director.

In dealing with these types of situations involving either guests or volunteers, all individuals involved will maintain the utmost tact and decorum. All discussions and any volunteer confrontations will be made in private, out of sound and sight from clients, families, and other non-involved staff.



Dear Volunteer,

M.A.R.E. welcomes you to our program. To ensure that a safe experience is had by all we request the following:

- ❖ **Please arrive on time.**
- ❖ **Please call if you will be late or absent. A 24-hour notice is preferred, but even a 1-hour notification prior to your scheduled time is appreciated. The staff needs to know who will be volunteering in order to plan safe lessons for the riders.**
- ❖ **Please dress appropriately for the weather and with modesty.**
- ❖ **Please refrain from swinging on the gates, sitting or leaning on the railings, yelling or running while on the property and feeding the horses.**
- ❖ **Please drive slowly in and out of the front pasture to the parking lot.**
- ❖ **Remember to sign in and out in the volunteer sign-in book. If you are volunteering as part of a community service requirement, please keep an accurate record of your hours as you accumulate them. This will save the staff the time that would be needed to back track and calculate your total number of volunteer hours.**
- ❖ **Please help yourself to the snacks and drinks that are provided. It is very important to stay hydrated, especially during any hot weather.**
- ❖ **If you have any questions or concerns please don't hesitate to approach the staff regarding your concerns.**

We thank you for your cooperation and participation in making everyone's time at M.A.R.E. a safe experience.

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