

HOPE RIDES VOLUNTEER APPLICATION PACKET

Welcome Letter

About Hope Rides

Code of Conduct

Dress Code

Volunteer Expectations

Acknowledgement of Commitment

Volunteer Application and Forms

- Application

- Availability

- Reference Check

- Liability and Medical Release

Dear Applicant,

Thank you for your interest in Hope Rides. We commend you for your interest in using your time, knowledge, gifts, skills and resources in efforts to give back and make a positive difference in the lives of others.

At Hope Rides, our mission is to open doorways of hope and create opportunities for personal growth through connecting people and horses.

We accomplish this by connecting horses and people together. We learn not only about horses but from the horses. Hope rides provides a safe and nurturing environment that offers opportunities for individuals to expand perspectives and enhance their lives.

We appreciate your interest in serving through Hope Rides and look forward to reviewing your application.

Hope Rides
Vollie Heitkamp
Founder and President Hope Rides
612.310.6350
vollie@hoperides.org
www.hoperides.org

About Hope Rides

What is Hope Rides

Incorporated in 2006, Hope Rides started from a nudge, one horse, and a handful of horse loving kids. Hope Rides home site is at Hollywood Stables in Mayer Minnesota, and operates two host sites at Shadow Creek Stables in Forest Lake, Minnesota and Equine Haven in Stacy, Minnesota. Hope Rides is a registered 501(c)(3) non-profit organization that uses the interaction between humans and horses to assist youth and adults in developing important life skills (including leadership, accountability, responsibility, respect, service, reflection, and listening). Instruction in horsemanship is provided in a supportive, non-threatening environment. Participants are provided an opportunity to learn about horses and gain self-awareness, self-confidence and develop important life-related skills that support the process of personal growth and enhance their hope for the future.

Goals and Purpose

At **Hope Rides**, our mission is to open doorways of hope and create opportunities for personal growth through connecting horses with people.

Who We Serve

Hope Rides provides free horse related youth mentoring programs to any child between the ages of 5-18 who desire the opportunity to connect with horses. It is our highest privilege to serve and support individuals of all ages, abilities and interest levels. In addition to our free programs Hope Rides does also have a handful of fee based programs such as private riding lessons. Hope Rides maintains the right to make referrals based upon specific needs of those seeking horse related services. This is to ensure that the specific needs of an individual are considered and handling in a way appropriate to their specific needs.

Code of Conduct

- * Volunteers are expected to be polite and respectful to each other.
- * Profanity, offensive language, and inappropriate jokes are not tolerated, and are cause for dismissal.
- * Any interaction that is potentially dangerous or harmful in any way to a participant, staff, volunteers, animals or any other person or thing associated to Hope Rides is not tolerated and is ground for immediate removal from association with Hope Rides.
- * Any information that a student shares with you during program that is case sensitive in any way must be reported to a Hope Rides staff member. Hope Rides has a legal responsibility to document information that pertains to the wellbeing of our participants in a professional and confidential manner. If at any time you are unsure if information received is questionable in nature, please always caution on the side of sensitivity with it and bring it to the attention of a staff lead for further evaluation. Please come directly to a staff person and do not share this information with other volunteers until the proper individuals have had time to review the information.
- * Hope Rides discourages volunteers from spending time with Hope Rides participants outside of Hope Rides programming. While in programming a volunteer is never allowed to take a youth offsite, out of eyes view and or away from programming unless there is a medical emergency in which case there will always needs to be two Hope Rides volunteers or leads present. These guidelines are in place to protect the integrity of the program, the volunteers and the participants we serve.
- * Any visitors or guests who wish to observe programming must be cleared ahead of time by lead instructor. This is for the safety and protection of participants, volunteers and horses.
- * During programming, there is to be no use of electronic devices. All cell phones and ipods are to be turned off or on vibrate.
- * Only perform tasks you are qualified to do. If uncertain, ask the instructor, other staff members, or more experienced volunteers to help you.
- * Appropriate dress is required.
- * Remember that as a volunteer you are representing Hope Rides. Your conduct should reflect the values and mission of Hope Rides.

* Hope Rides volunteers interact and operate all horse related time/opportunities within Hope Rides approved program/session schedules. No outside involvement with Hope Rides participants is acceptable.

Dress Code

* The appropriate attire includes long pants, shirt with sleeves, either long or short, closed toed shoes, preferably cowboy boots with a one to two inch heel.

*A hat and sunscreen are recommended, as we do spend periods of time outdoors.

*No long jewelry.

Volunteer Guidelines and Expectations

* Volunteers must be 18 years of age or older. For those ages 10-17 who wish to assist, there are junior volunteer opportunities. The junior volunteers are minors who are skilled horse people with proven experience in various areas of horse handling and knowledge. Individuals who are currently enrolled in programming, but wish to volunteer their time to Hope Rides have the opportunity to apply as a Hope Rides Helper. Hope Rides Helpers are contacted as needed to assist with various events that take place throughout the session.

* Individuals interested in volunteer opportunities related to services or programming where direct contact with horses is required must have experience handling and caring for horses.

* Individuals who volunteer their time, skill or services to Hope Rides must be skilled and proficient in the area(s) they seek to volunteer.

* Volunteers do not receive monetary compensation.

* Volunteers need to have the physical and mental capability to manage a horse and participant.

* If unable to make it to a committed time, at least 24 hours advanced notice needs to be given to the volunteer coordinator, to ensure finding a replacement.

* Required paperwork must be completed before Volunteer Training including the Volunteer Application, Reference Check, Background Check, Medical Attention and Liability Release.

* Volunteers need to attend Volunteer Training prior to being placed as a volunteer.

- * Hope Rides Volunteers must abide by the Code of Conduct and follow the Dress Code.
- * Volunteers are expected to arrive 20 minutes prior to program start in order to review materials and to do any necessary preparation.
- * Volunteers should come with a positive attitude ready to have fun!

Commitment and Code of Conduct Acknowledgement

The success of Hope Rides depends on the consistency and enthusiasm of all those involved. For many of the participants, this is the highlight of their week. For this reason, Hope Rides asks that all volunteers accepted into the program be willing to commit for the entire program or project for which they are applying to serve.

Volunteers are an integral part of our program design, so your commitment and ability to be at each session is critical to our program success. If you are unable to attend a session, we ask that you notify our volunteer coordinator as soon as a conflict arises so we can be sure to find appropriate coverage. At least 24 hours notice is appreciated, if you are not able to attend. Failure to notify or repeated failure to notify Hope Rides is grounds for termination of your volunteer status with Hope Rides.

Additionally we expect that volunteers understand and agree to respectively follow the Code of Conduct standards in place and outlined here in the volunteer application packet. While representing Hope Rides as a volunteer at any Hope Rides function we expect that all volunteers act respectful, professional and in alignment with our code of conduct. Failure to follow the code of conduct may result in a termination of an individuals volunteer status at Hope Rides. By signing below you are acknowledging and agreeing to follow code of conduct of Hope Rides.

Volunteer Signature: _____ Date: _____
Volunteer Printed Name: _____ Date: _____

Volunteer Application Form for Hope Rides

Name: _____ Date: _____
 Last First MI

Date of Birth: _____ Current Age: _____ Gender: (circle one) M F

Mailing Address: _____

City, State, Zip: _____

Phone Numbers: Home _____ Work _____ Cell _____

Please circle your preferred contact number: Home Work Cell

E-mail Address: _____

Emergency Contact: Name _____ Number _____
Relationship _____

How did you learn about Hope Rides?

Why do you want to volunteer with Hope Rides and what are your reasons for volunteering?

How do you want to help with Hope Rides?

Volunteer Roles and Availability:

Due to the nature of our program Hope Rides has different volunteer roles that require different levels of volunteer commitment. Some roles take place weekly with specific set schedules while others are project based. In regards to project or event based needs you would be contacted once a specific project need and date is determined to see if you would be available to volunteer in a specific support role. To help us better understand your specific volunteer interest please indicate which capacity you are interested in volunteering at Hope Rides by placing an "x" in the field below.

- I am interested in volunteering on a weekly basis directly with the horses and youth.
- I am interested in volunteering on a weekly basis primarily with the horses only.
- I am interested in volunteering on a weekly basis primarily with the youth in light or non-horse (direct) related activities.
- I am interested in volunteering for a specific Hope Rides Event or Project.
- Other: Please use this space to better help us understand your specific volunteer interest or availability.

Currently, Hope Rides regular programming takes place on Tuesday, Thursday, Saturday and Sunday afternoons and evenings. If interested in serving as a session leader in our weekly programming, please indicate your availability by placing an 'X' on the appropriate line.

I am available to volunteer with Hope Rides on the following:

Tuesday morning _____	Tuesday afternoon _____
Thursday morning _____	Thursday afternoon _____
Saturday mornings _____	Saturday afternoon _____
Sunday afternoon _____	Sunday evening _____

Please list any dates with known conflicts:

In the space below please indicate any other days and times during the week that you are available to volunteer.

In the space below please feel free to mention any volunteer related thoughts or concerns you have that you would like to share.

Self Assessment of Skills and Knowledge:

Please rank yourself in the following areas using the guidelines listed below

- 1= none/very limited experience (under 10 hours)
- 2= limited/beginning experience (10-25 hours)
- 3= intermediate experience (25-35 hours)
- 4= advanced intermediate experience (35-50 hours)
- 5= very experienced (over 50 hours)

	1	2	3	4	5
Grooming experience, including brushing, hoof and skin/hair care					
Lunging a horse without a rider					
Lunging a horse with a rider					
Horse handling, including haltering and leading					
Riding experience – lessons					
Riding experience – showing					
Riding experience – trail riding					

Please rank yourself in the following areas using the guidelines listed below

1= not confident or experienced

2= limited confidence or experience

3= somewhat confident or experienced

4= confident or experienced

5= very confident or experienced

	1	2	3	4	5
Identification of tack, including halter, lead rope, bridle, saddle					
Proper use of tack, including halter, lead rope, bridle, saddle					
Properly securing a horse; haltering, tying, crossties					
Proper bridling and saddling techniques					
Names and functions of equipment					
Ability to interact with others including, instructors, volunteers and participants					
Communicating with others including instructors, volunteers and participants					

Please answer the following questions to help us place you in the most appropriate volunteer position.

Horse Related

My specific horse-related experiences include the following:

What do I understand best and least about the subject of the horse? What are my strengths and weaknesses related to horses?

What horse skills do I need to improve on and what can I do to accomplish improvement?

People Related

What do I understand best and least about the subject of people?

What are my strengths and weaknesses related to people? What can/did I do to improve the weak points?

What specific people skills do I need to improve and how can I improve them?

Volunteer Experience

My previous mentoring or other volunteer experiences include:

What was the most valuable thing I learned from previous experiences?

What was most satisfying about a previous or similar volunteer experience? Most frustrating? My responsibility for each experience?

What is my specific interest in volunteering?

What are my strengths and weaknesses as a volunteer?

What do I expect to learn or obtain from volunteering with Hope Rides?

Other

Outside of horses my life experience includes? (Tell about yourself)

What other skills, gift, talents or expertise do I have that I enjoy and would be willing to share with Hope Rides in a volunteer role either horse or non-horse related?

What do I need to learn next about horses and people in order to best use my gifts and abilities?

Reference Form for Hope Rides Volunteers

Volunteer Applicant: Please list three non-family members who have known you for a minimum of three years to provide a reference for you.

Applicant's name: _____

Applicant's contact number: _____

Reference name: _____

Relationship to applicant: _____

Organization associated with: _____

How long has this person known you: _____

Contact number: _____

Reference name: _____

Relationship to applicant: _____

Organization associated with: _____

How long has this person known you: _____

Contact number: _____

Reference name: _____

Relationship to applicant: _____

Organization associated with: _____

How long has this person known you: _____

Contact number: _____

Hope Rides Agreement & Release from Liability Form

This agreement is made and entered into on the _____ day of _____, _____ by and between _____ (participant if 18 or parent/guardian), who resides at _____ (street address, city, state, zip) hereafter referred to as "I" and Hope Rides at 12801 Do Little Drive Minnetonka MN 55305.

Full Name(s) of individuals requesting involvement with Hope Rides - if under age or guardianship. (participants, volunteers, visitors, spectators)

- | | | | |
|----|-------|------------|-----------|
| 1. | _____ | Age. _____ | DOB _____ |
| 2. | _____ | Age. _____ | DOB _____ |
| 3. | _____ | Age. _____ | DOB _____ |
| 4. | _____ | Age. _____ | DOB _____ |

RELEASE OF LIABILITY AND HOLD HARMLESS

---WARNING---

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT THERE ARE INHERENT RISKS IN USING AND BEING AROUND CLOSE PROXIMITY TO HORSES. THOSE RISKS INCLUDE BODILY INJURY AND DEATH. I UNDERSTAND THAT HORSES ARE UNPREDICTABLE AND CAPABLE OF SUDDEN, UNEXPECTED, AND POTENTIALLY DANGEROUS MOVEMENTS DESPITE THEIR PRIOR HISTORY. I FURTHER UNDERSTAND THAT HORSES ARE EASILY FRIGHTENED BY SOUND, SUDDEN MOVEMENT, UNFAMILIAR OBJECTS, SMELLS, PERSONS, OR OTHER ANIMALS AND THAT THEY MAY RUN, BITE, BUCK, OR KICK. I UNDERSTANT THAT HORSES MAY ALSO ENCOUNTER NATURAL HAZARDS, SUCH AS SURFACE OR SUBSURFACE CONDITIONS AND MAY REACT UNPREDICTABLY AND THAT THEY MAY EVEN COLLIDE WITH OTHER OBJECTS, PERSONS, OR ANIMALS. I UNDERSTAND THAT RIDERS CAN ALSO FALL OFF OF HORSES AND INJURE THEMSELVES.

All parts of this agreement shall apply to me and the minors listed below and shall be valid and binding at all times, now and in the future, when I am on the premises of Shadow Creek Stable, Equine Haven, Hollywood Stables or at any location associated to Hope Rides for any purpose related to or in conjunction with Hope Rides events, activities, field trips, or programming related items.

It is hereby agreed to as follows:

1. That I, the undersigned, do for myself or on behalf of my child or legal ward, hereby voluntarily request to participate in riding and horse related activities and instruction as a visitor, participant, student or volunteer with Hope Rides at Site locations of Shadow Creek Stable, Equine Haven and Hollywood Stables as well as any other remote locations associated to Hope Rides programming, events and activities.
2. Assumption of Risk and Waiver and Release: That I, the parent or legal guardian or adult volunteer, understand that horses are unpredictable by nature; that when frightened, angry or under stress, a horse's natural instinct is to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up in front or to bite; that horses are extremely powerful ; and that if a student or volunteer falls to the ground or gets in the way of a frightened horse, that damaging injury can result. I acknowledge and understand these risks and I voluntarily assume these risks and dangers. I hereby represent that I am capable of using and being in close promimity to horse and their environment. I further represent that I am competent and capale to participate in the activities that I will be participating in. I agree to personally and fully assume the risks

associated with my presence and participation at Hope Rides and any establishments associated to Hope Rides programs, events and activities. Therefore, I hereby release, waive, and forever discharge Hope Rides and any site locations associated with Hope Rides programs, its owners, share holders, employees, agents, officers, and directors from any and every claim, demand, action or right of action, of whatever kind of nature, either in law or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, death, or property damage resulting during my presences or involvement with Hope Rides while at any site locations associated to Hope Rides programs, events or activities, whether or not such injury, property damage or death is caused by negligence. I assume full responsibility for the risk of bodily injury, death or property damage, during my presence or involvement of any kind with Hope Rides. I hold Hope Rides and all locations associated to Hope Rides programs, events and activities and its owners, shareholders, employees, agents, officers, and directors harmless for any liability therefore. Hope Rides conducts regular scheduled programming at events at three site locations. They include Shadow Creek Stables in Forest Lake MN, Equine Haven in Stacy MN, Hollywood Stables in Mayer MN as well as a host of other locations that we visit during programming for education and learning purposes.) In signing this you are acknowledging that while associated to programming, any event, activity or premise that Hope Rides may visit for the purpose of programming that you release any and all of these locations, owners, shareholders, employees, agents and officers and directors harmless for any liability thereafter and forever.

3. Helmet use: That I have been advised that participant(s) are to wear an equestrian ASTM/SEI certified helmet (provided) when around and working with the horses or in barn and that neither Hope Rides, Shadow Creek Stable or Equine Haven or any of its assistants or agents can guarantee the suitability of any helmet provided.
4. Attire: That I have been advised that participant(s) are to wear protective clothing such as long pants and closed-toed shoes that cover and protect the entire foot.
5. Insurance: That the participant(s) is currently covered by accident-medical insurance and will remain insured for the duration of all instruction while participating with Hope Rides.

Name of Insurance Company _____

Insurance Policy Number _____

That I further understand that should any medical treatment be required, the current insurance number here listed will be provided to the attending clinic or hospital to cover future payment of incurred bills.

6. That this agreement is entered into in the state of Minnesota and will be interpreted and enforced under the laws of that state.
7. Knowing and Voluntary Execution: Upon the signing of this agreement, the student (if 18) and parent/legal guardian acknowledges that he/she has read or has had their legal guardian explain the content provided here and agrees to be bound to the contents of this agreement.
8. Photography, Film and testimonials: I as legal guardian of named participants or myself, give permission to Hope Rides to use any pictures, film footage, or testimonials acquired during Hope Rides events for Hope Rides public relations & marketing usage.
9. Transportation: I, as legal guardian of named participants or myself, understand that as part of programming at Hope Rides participants will have the opportunity to go on field trips & I give permission to Hope Rides to transport me or my child to & from field trips, programming or Hope Rides events. I understand the risks of allowing my child to ride

in a motorized vehicle & assume full responsibility for any & all bodily injury, losses, or damages that may occur to the above named participant(s). In doing so I release all & any Hope Rides related program locations, owners, shareholders, employees, agents & officers and directors harmless for any liability thereafter & forever.

10. **Voluntary Driving:** I, as legal guardian of named participant or myself, understand that if I willingly volunteer to transport Hope Rides participants for any reason, that I will maintain a current drivers license, not be under the influence of any alcohol, drugs, or intoxicants that could be potentially dangerous or impair driving or judgement in any way. I recognize the responsibility of safe driving and will take every necessary precaution to ensure that those participants under my driving care are kept safe. In the event that participants under my driving care are injured in anyway, I understand the risks of operating a motorized vehicle and assume full responsibility for any and all bodily injury, losses, or damages that may occur.

I understand that I am assuming 100% of the risk of injury or death directly or indirectly arising as a result of my participation and presence at Hope Rides. This release shall be governed by the laws of the State of Minnesota. If any portion of this release is held invalid by a court, it is agreed that the remainder of this release shall continue in full legal force and effect notwithstanding the invalidity of any portion of it.

If I have requested that you allow a minor child or children of mine to be present at Hope Rides, then the provisions of this release and hold harmless shall apply to such child or children. I represent that I have the legal authority to enter into this release on behalf of the minor child or children.

This release is given on behalf of myself, spouse, legal representatives, administrators, executors, heirs, and assigns and in the case of any child or children of mine, on behalf of them, their legal representatives, administrators, executors, heirs, and assigns. This release is an ongoing release and remains in effect until I have revoked it in writing.

I understand that this document is a contract and agree that if a lawsuit is filed against Hope Rides and any site locations associated to Hope Rides, its owners, shareholders, agents, and/or employees for any injury or damages in breach of this release, I will pay all attorneys' fees and const incurred to defend that lawsuit.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS AN AGREEMENT AND PROMISE NOT TO SUE AND A RELEASE AND INDEMNITY FOR ALL CLAIMS.

I ACKNOWLEDGE AND AFFIRM THAT I HAVE CAREFULLY READ THE CONTENTS OF THIS RELEASE, FULLY UNDERSTAND ITS MEANING, AND SIGN THIS RELEASE VOLUNTARILY.

Dated: _____

Signature of Rider or if minor, Parent of
Minor Child

Signature of Minor Child

Printed Name of Rider or Minor Child

Address: _____

Phone: _____ Email: _____

Hope Rides Authorization For Medical Treatment

Office Use Only:

Date Received:

Medical History:

Student/Volunteer Name: _____

Phone: _____

Physician Name: _____

Phone: _____

Preferred Medical Facility: _____

Phone: _____

Health Insurance Co: _____

Policy Number: _____

Environmental Allergies / Allergies to Medication:

Current Medications:

Please list two people who may be contacted in case of emergency:

Name: _____

Phone: _____ Alternate: _____

Name: _____

Phone: _____ Alternate: _____

Consent To Medical Treatment:

In the event emergency medical treatment is required due to illness or injury during the process of receiving services, or while being on the property of Shadow Creek Stables, Equine Haven, or any other property while participating in Hope Rides programming and activities, I give permission for Hope Rides to:

1. Secure and retain medical treatment and transportation if needed.
2. Release medical records upon request to the authorized individual or agency involved in the medical emergency treatment
3. Authorize the use of x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician.

These actions will only be taken if the emergency contacts are unable to be reached.

I give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving service or while being on under the supervision of Hope Rides agency.

Consent Signature: _____ Date: _____
Volunteer, Parent or Guardian

Non-Consent Signature: _____ Date: _____
Parent/Guardian

Non-Consent Plan

In the event emergency medical treatment is required due to illness or injury during the process of receiving services or while being on the property of Shadow Creek Stable, Equine Haven or any other property while participating in Hope Rides programming and activities, I wish for the following procedures to take place:

Non-Consent Signature: _____ Date: _____
Volunteer

Non-Consent Signature: _____ Date: _____
Parent/Guardian

Photo/Testimonials Release

I do consent _____ / do not consent _____ to and authorize the use of any and all photographs, audiovisuals or verbal testimonials to be used for promotional, educational or exhibition or any other use to benefit Hope Rides Org.

Signature of Release _____ Date _____
Volunteer, Parent or Guardian