



455 Providence Road South • Weddington, NC 28173 • Tel. 704-841-0602 • Fax 704-814-6627

Checklist for Volunteer Applicants

Please use this checklist to assure that all required paperwork has been completed prior to submission:

- _____ **Volunteer Application Form**
- _____ **Questionnaire**
- _____ **Volunteer Release Form**
- _____ **Authorization for Emergency Medical Treatment**
- _____ **Reviewed Volunteer Guidelines (keep these – do not mail)**
- _____ **Date completed forms mailed to Mitey Riders _____**

Upon receipt of your paperwork, a representative from the Misty Meadows Mitey Riders will contact you regarding the date of the next Safety Orientation, a requirement before a volunteer may lead a horse or sidewalk with a student.

Thank you for your interest in volunteering with us!



455 Providence Road South • Weddinston, NC 28173 • Tel. 704-841-0602 • Fax 704-814-6627

New Volunteer Application Form

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Email Address _____

Cell Phone # _____ Work Phone # _____

Date of Birth _____ (Volunteers must be at least 15 years old)

Parent/Guardian Name if Volunteer is under 18 years of age _____

Parent/Guardian Address (if different from above) _____

NOTE: Parent/Guardian signature is required on all releases for volunteers under 18 years of age at the time of application.

If **new** to our program, how did you learn about us? _____

If student, name of school _____ Grade _____

Best time/days to volunteer during classes:

- | | |
|--|---|
| <input type="radio"/> Wednesday 3:30, 4:30 PM | <input type="radio"/> Friday 3:30, 4:30 PM |
| <input type="radio"/> Thursday 9:30; 11:00 AM | <input type="radio"/> Saturday 9; 10; 11 AM |
| <input type="radio"/> Thursday 3:30; 4:30 PM | <input type="radio"/> Saturday 12; 1 PM |
| <input type="radio"/> Substitute (indicate day & time) _____ | |

Check which areas you are interested in:

During Classes

- Grooming & Tacking Horses
- Putting Tack Together for Class
- Leading** a Horse in Class (min. age 16)
- Side-walking with a Student
- Shed Maintenance (cleaning stalls in the fields where our horses live)
- Stable Maintenance (cleaning stalls & tack, end of the day clean-up)
- Volunteer Coordinator

Outside of Classes

- Merchandise Committee
- Mitey Riders Council
- Newsletter Committee
- Office work
- Photography/Video Committee
- Special Rides Committee
- Spring Festival Committee
- Volunteer Coordinator
- Volunteer Recruitment Committee

**New Leader Volunteers will work as Sidewalkers for their first year to better understand how our program works and how the roles interact.

Volunteer Questionnaire

I am a horse owner ___No ___Yes For how long? _____

I have kept horses at my home ___No ___ Yes For how long? _____

I have worked with horses for _____ years in the following capacities: _____

I have had formal training in working with horses. ___No ___Yes

If Yes, please list the type and amount of training

I have attended workshops/seminars on horsemanship ___No ___ Yes

If Yes, please list the workshops/seminars you have attended and when

I have ridden for _____ years in the following disciplines:

___ English ___ Western ___ Other (describe)_____

I understand that before I may work with a horse or student, I must complete a Safety Orientation each year. ___ Yes ___ No

I can commit to volunteer on a weekly basis ___ Yes ___ No

Since I cannot volunteer regularly, please consider me for a **substitute** for the following days:

I wish to volunteer at the Misty Meadows Mitey Riders because _____

I believe I would make a good volunteer because _____



455 Providence Road South • Weddington, NC 28173 • Tel. 704-841-0602 • Fax 704-814-6627

Volunteer Release Form

1) Volunteer Liability Release

As a volunteer at Misty Meadows Mitey Riders, Inc., I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the riders I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Marilyn and Harry Swimmer, Misty Meadows Farm, Inc., Misty Meadows Mitey Riders, 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 Misty Meadows Mitey Riders, Inc.

2) Photo Release (check one)

- I consent to and authorize the use and reproduction by Misty Meadows Mitey Riders, 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.
- I do not give my consent for the Photo Release.

3) Confidentiality Agreement

I understand the expectation that all information related to the students of Misty Meadows Mitey Riders is considered confidential in nature. I further understand the liability of persons with access to student information and hereby agree to protect and preserve the confidential nature of all student information to which I have access.

Date _____ Signature _____

Print Name _____

Parent/Guardian Signature for Volunteers under 18 years old _____

Warning: Under North Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes.

Authorization for Emergency Medical Treatment

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of Misty Meadows Farm, my signature below authorizes:

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.

Volunteer Name: _____ Phone: _____

Address: _____

Emergency contact name: _____ Phone: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Company & Policy Number _____

Consent- Non Consent Choices (check one and sign)

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

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

Date _____ Authorized Signature _____
(Parental/guardian signature required for volunteers under age 18)

Print Name (if different from volunteer) _____ Phone _____



455 Providence Road South • Weddington, NC 28173 • Tel. 704-841-0602 • Fax 704-814-6627

Volunteer Guidelines

Please understand that our main goal at Misty Meadows Mitey Riders, Inc. is to provide a safe and beneficial experience for our riders and volunteers. With this in mind, we ask your cooperation in adhering to the following requirements:

1. Complete and turn in all paperwork (Volunteer Application Form, Volunteer Releases Form, Authorization for Emergency Medical Treatment, etc.). Questions about any of the forms may be directed to Janet Elmo, our program administrator. **Keep these guidelines** for your personal reference.
2. Please select the day(s) and time(s) that you can **regularly** participate as a volunteer in our program. Our riders benefit greatly from consistency in their support team, so (as much as we are able to do this) we are encouraging volunteers and riders to form a team for the entire riding year.
 - a. If you can also be a substitute on a different day, please let us know.
 - b. If you have specific personal goals or new skills you wish to learn, let us know so we can help you to achieve your wishes.
3. Proper attire is important at all times. Boots are best for Trail Walks. At no time should open toe shoes or sandals be worn. Please avoid dangling jewelry, which may be unsafe, and perfume, which can attract insects.
4. Please SIGN IN and OUT each day that you volunteer. The Sign In sheets are in a notebook on the counter in the upper barn – in Molly's office - where you will also find our Communication Center where important notices and information will be available.
5. We, and your team, greatly depend on you! Always let your Volunteer Coordinator (and your teammates, if possible) know if you cannot attend a lesson. The more advance notice you are able to give us, the better able we will be to fill your slot for that lesson.
6. Groomers/Tackers are asked to arrive at the barn at least 30 minutes prior to the start of the scheduled class. Volunteers who are able to stay after the last class of the morning and/or afternoon are encouraged to join in the clean-up operation.

7. Many of the children in our program are more susceptible to illness than the average child. They may arrive home from school sick and, at the last minute, be unable to attend. We ask for your understanding and compassion.
8. If your rider does not come or, for other reasons, you are not needed as a leader or sidewalker on a given day, please check with your Volunteer Coordinator for other tasks that need to be accomplished. [There are many activities that go into making this Program work and, while some of them are “behind the scenes,” ALL of them are important to a smooth-running Mitey Riders.]
9. If you are allergic to insect bites, it is important that you bring medication each time you come to the Farm. For your own safety, be sure to let your teammates know of your sensitivities and the location of your medication in the event a sting occurs.
10. Please, no gum chewing. It is dangerous for our riders to have anything in their mouths while riding, and as volunteers working with them, you’ll be setting a good example for them.
11. For Sidewalkers and Leaders, please learn your job description. The better you understand your role, the better volunteer you will be and the better support you will be able to give your rider. As a reminder, leaders are responsible for the horses and sidewalkers are responsible for the riders.
12. Please help your rider stay focused by **avoiding non-essential conversation during the lessons**. Know what your rider’s goals are to help in their attainment.
13. If you are uncomfortable with a given horse or team, please talk to the instructor. We want you comfortable and happy, and will endeavor to make necessary adjustments.

If you have any concerns or questions about these guidelines or any aspect of the Mitey Riders Therapeutic Riding Program, please feel free to contact Joy or Janet. We reserve the right to amend our guidelines at any time.