



WELCOME!

Thank you for your interest in our volunteer program. Therapeutic Riding of Tri Cities (TROT) is a non-profit organization serving children and adults with disabilities. Through the use of our equine partners, TROT is able to provide a unique, recreational approach to therapy. The goal of TROT is to offer quality therapeutic riding and equine-related activities that improve the bodies, minds, and spirits of children and adults with disabilities through the use of the horse.

Most of our students would not be able to ride without the support of their volunteers. In order to offer our riders a safe, beneficial class, we must often have an instructor and a team of three volunteers with each rider. Our volunteers will receive lifelong benefits as they share their guidance, patience, and enthusiasm with the rider. Our riders will be able to pursue an activity that makes a difference in their physical, mental, and emotional well-being.

At TROT, our focus is on the ability level of each rider, not his or her disability. The results are quite remarkable. Fun games, obstacle courses, and trail rides are just a few of the activities in which our riders participate. These riders are an inspiration to all who have ever wanted a horse and to all who have experienced the joy of riding.

As a volunteer, you will become part of the TROT team. We strive for safe, enjoyable, and professional atmosphere and want your time and dedication to our program to be a pleasant experience.

Please make sure all forms are complete before returning them to us. When we receive your completed application, we will schedule a volunteer orientation and training. Our trainings help us to keep our program in high standing in the equine assisted activity industry where safety is a focus. Our trainings will give you the necessary tools to be a knowledgeable and confident volunteer who knows our policies, procedures, and expectations.

Included in this packet is:

- Application
- Confidentiality Agreement
- Photo Release
- Authority for Background Check
- Emergency Medical Treatment Authorization
- Commitment Form and Conduct Pledge
- Release, Waiver of Liability, Assumption of Risks and Indemnity Agreement

# VOLUNTEER APPLICATION

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: M / F  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## IF YOU ARE BETWEEN THE AGES OF 9-15, YOU WILL BE ENROLLED IN THE TROTTER TRAINING PROGRAM

### I AM INTERESTED IN THE FOLLOWING AREAS:

\_\_\_\_\_ **Lessons** (horses & clients: grooming, tacking, side walking, leading)

\_\_\_\_\_ **Trotter**

\_\_\_\_\_ **Barn** (cleaning, maintenance)

\_\_\_\_\_ **Horses** (training, grooming, exercising) \*requires additional training

\_\_\_\_\_ **Administration** (office support, planning events, grant applications, bulk mailings, Board member)

\_\_\_\_\_ **Events** (special campaigns, fundraising, community awareness)

*(If you are not interested in an area on a regular basis, but might be willing to fill in on occasion or for a particular project, please put a **W** on the line)*

I understand that before I may volunteer, I must complete Volunteer Training: Y / N

### PLEASE COMPLETE THE ADDITIONAL INFORMATION ABOUT YOUR AVAILABILITY OR SKILLS THAT MAY HELP US GET TO KNOW YOU:

Please describe why you would like to volunteer at TROT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any experience working with people with disabilities? Y / N

If YES, please describe your experiences: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Horse experience is **NOT** a requirement at TROT! However, your answers to the following questions will help us to provide a comfortable environment for you.

I am a horse owner or I have leased a horse: Y / N If YES, for how long? \_\_\_\_\_

I have ridden for \_\_\_ years in the following disciplines: English \_\_\_\_\_ Western \_\_\_\_\_ Other \_\_\_\_\_

How would you rate your ground handling skills? (Please rate on a scale of 1 to 5, 1 being least confident and 5 most confident)

Grooming	1	2	3	4	5
Leading	1	2	3	4	5
Lunging	1	2	3	4	5
Bathing	1	2	3	4	5
Tacking	1	2	3	4	5

Do you have experience with an equine assisted therapy program? Y / N

If YES, in what capacity, where and for how long? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that I will not be compensated; I hereby volunteer to participate in TROT and knowingly and voluntarily waive any right to compensation.**

**Health/Fitness**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Identify if you CAN do the following?**

YES / NO	Lift up to 20 pounds above your head (saddle)?
YES / NO	Walk for 35 to 45 minutes on uneven surfaces?
YES / NO	Jog for several minutes (to keep up with a trotting horse)?
YES / NO	Hold your arm raised and out to the side for up to half an hour at a time (to support a rider as a side walker)?
YES / NO	Do you have allergies to horses, hay, or pollens that would interfere with your performance?
YES / NO	Do you have any phobias (e.g. dogs, bees, blood, etc.)?

If you answered YES to any of the above, please explain below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional comments or concerns: \_\_\_\_\_  
\_\_\_\_\_

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I have read, agreed, and understood the statements below and agree to abide by these terms and conditions:

### **CONFIDENTIALITY AGREEMENT**

\_\_\_\_\_ (initial) I understand the expectation that all information related to the clients of Therapeutic Riding of Tri-Cities (TROT) is considered confidential in nature. I further understand the liability of persons with access to client information and hereby agree to protect and preserve the confidential nature of all client information to which I have access. This information is to be used only for facilitating the goals and objectives of the individual rider, according to the direction of the instructor or therapist. In consideration of the right to privacy of the students and their families, I understand the need to use appropriate discretion in written comments and in related conversations with volunteers, staff, family, or the general public. Any breach of this confidentiality will result in termination.

### **PHOTO RELEASE**

\_\_\_\_\_ (initial) For valuable consideration, acknowledged as received, I hereby grant permission and consent to Therapeutic Riding of Tri-Cities (TROT), its successors, licensees and assigns, to take still and moving photographs, digital images and films, including television footage (collectively “Work”) of me:

I hereby further grant and assign to TROT the unrestricted and unbridled consent and authority, without further consent, inspection or approval, to use and reproduce the Work and to circulate, publish and publicize the Work by all means, including, without limitation all forms of media in newspapers, television, printed media, brochures, pamphlets, instructional materials, books, electronic media, website, social media (i.e., Instagram, Facebook, Twitter, Etc.) and clinical matters, and to alter the same without restriction, and without my inspection or approval. I hereby release TROT and its legal representatives and/or assigns from all claims relating to such Work.

With regards to the foregoing material, no inducement or promises have been made to me to secure my signature to this Release other than the intention of TROT to use or have used such Work for the primary purpose of promoting and aiding TROT and its purposes.

### **AUTHORITY FOR BACKGROUND CHECK**

\_\_\_\_\_ (initial) I authorize TROT Therapeutic Riding of Tri-Cities to utilize the Washington State Patrol WATCH service to provide a background check of information relating to any criminal history, arrest and conviction information under the provisions of the Washington State Criminal Records Privacy Act, Revised Code of Washington (RCW) 10.97.050 and under the Child and Adult Abuse Information Act, RCW 43.43.830-43.43.845. I release any individual from all liability for damages that may result on account of compliance with this authorization. This verification may be repeated annually, or until authority is revoked by you.

Upon completion of the background check, the club will delete all information received from the WATCH criminal background check. However, on request, we will provide you with a copy of your search results. If you wish a copy of your search results, please initial here: \_\_\_\_\_

## EMERGENCY MEDICAL TREATMENT AUTHORIZATION

In the event that emergency medical aid/treatment is required due to illness or injury while being on the property of Therapeutic Riding of Tri-Cities (TROT), I authorize TROT or its designated agent to:

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

Name (please print): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent or Guardian (if under 18): \_\_\_\_\_ SSN: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Contact Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

General Physicians Name: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Please describe any medical condition requiring special precautions or treatment and any medications and dosages (Insulin, Allergies, etc.):** \_\_\_\_\_

\_\_\_\_\_

In the event of a medical emergency, the undersigned authorizes TROT and their designated agent to authorize such medical assistance as they determine to be necessary. This authorization includes x-ray, surgery, hospitalization, medication and any treatment deemed necessary or advisable by the responding physician. This provision will be invoked only if I am incapacitated and unable to provide direction or, if my parent/guardian cannot be reached.

EMERGENCY MEDICAL TREATMENT CONSENT: YES \_\_\_\_\_ NO \_\_\_\_\_

SIGNATURE (IF OVER 18): \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (IF UNDER 18): \_\_\_\_\_ DATE: \_\_\_\_\_

## COMMITMENT FORM AND CONDUCT PLEDGE

We would like our volunteers to recognize that there are a variety of ways to benefit from their experience at Therapeutic Riding of Tri-Cities (TROT). You will have the opportunity to meet families of riders you work with, help with special events, develop new friendships, improve your horse handling skills, feel the satisfaction of helping others, and take wonderful memories with you that will last a lifetime. Because TROT is totally dependent on the help of our volunteers, it is important that volunteers have a high level of commitment.

- **The volunteer needs to arrive at least 20 minutes before their scheduled class time and can depart approximately 10 minutes after class.**
- **We appreciate at least 24-hour notice if you are unable to be at class at your scheduled time. Always inform the Captain or Volunteer Coordinator by phone or email if you are unable to attend.**
- **All volunteers must complete a training session.**
- **Volunteers must not possess, use, or be under the influence of alcohol and/or illegal drugs while in any TROT class or volunteering at any TROT event, meeting, or activity.**
- **No obscene or discriminatory language in any TROT class, event, meeting, or activity will be tolerated.**
- **Dress conservatively and appropriately at all times when on TROT premises or while volunteering at a TROT event.**
- **Handle TROT horses as you are trained at TROT, which includes never to strike, hit, slap, jerk, or discipline the program horses in any manner.**
- **Report the mistreatment of horses to the TROT staff immediately.**
- **Respect, individual confidentiality, right, safety, and property of others whether they are staff, riders, or fellow volunteers.**
- **Inform staff immediately if you have an injury or condition that would compromise safety to yourself, the rider, or to others during your scheduled volunteer time.**
- **Turn off cell phones to avoid being distracted or startling horses while you are volunteering.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

In consideration of being permitted to participate in the Event described on Exhibit "A", attached and incorporated herein by this reference ("Event") on the premises noted also on Exhibit "A" ("Premises"), the volunteer named below, individually and on behalf of any marital community, heirs, children, successors and assigns (collectively "Releasor") knowingly and voluntarily agrees to release, defend, indemnify and hold Therapeutic Riding of Tri Cities (TROT), a Washington Non-Profit Corporation, harmless, including without limitation, its employees, managers, directors, officers, agents, attorneys, successors and assigns (collectively "Releasee") as follows:

1. Prior to participating in the Event, Releasor shall inspect the Premises and the Event and inspect all related equipment to be used. If Releasor believes any of the foregoing are unsafe, Releasor shall immediately advise TROT management of such condition, and refuse to participate in the Event. If Releasor feels in any reasonable way during the course of the Event that anything or any participant becomes unsafe, Releasor will immediately take all precautions to avoid all such dangers and REFUSE TO FURTHER PARTICIPATE AND ASSIST TO KEEP ANY PARTICIPANT OUT OF HARMS WAY.
2. Releasor fully understands and acknowledges the risks associated with participating in the Event at the Premises and fully and unconditionally assumes and accepts each and every such risk. Releasor hereby stipulates that Releasor has read the warning, attached as Exhibit "B", incorporated by this reference.
3. Releasor knowingly and voluntarily agrees to defend, indemnify and hold Releasee harmless for any and all losses and/or damages to Releasor or third parties in the Event and third parties not associated with the Event, including, without limitation, any injury, disability, paralysis or death, regardless of cause and however caused and whether caused in whole or in part by the negligence of the Releasee named below.
4. Releasor hereby expressly acknowledges that any injuries received may be compounded or increased by negligent or delayed rescue or emergency operations over which Releasee may or may not have control and further assumes any and all risks associated with any such delayed rescue or emergency operations.
5. Releasor further expressly agrees that this Release, is intended to be as broad and as inclusive as permitted by the laws of Washington State, and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
6. This release, waiver of liability, assumption of risk and indemnity agreement has legal effect and releasor is hereby informed of the right to seek independent legal review of this instrument prior to signing. If releasor fails to seek the advice of an attorney prior to signing this instrument, releasor shall be deemed to have knowingly and voluntarily waived any and all rights to seek legal review of this instrument, and any claim or cause of action that arises out of or is related to the participation of the event at the premises. If, despite this release, the releasor makes a claim against any of the covered parties that make up releasee, releasor shall reimburse releasee for any and all costs and expenses, including attorney's fees, that releasee has paid in order to hold releasee harmless.

RELEASOR HAS READ THIS RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTANDS ITS TERMS, UNDERSTANDS THAT RELEASOR HAS FORFEITED SUBSTANTIAL RIGHTS BY SIGNING THIS RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, HAS SIGNED THIS INSTRUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE OF ANY KIND BEING MADE TO RELEASOR, INTENDS THE SIGNATURE BELOW TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY, INCLUDING ANY GROSS NEGLIGENCE OF RELEASEE, AND KNOWINGLY AND VOLUNTARILY WAIVES ANY AND ALL CAUSES OF ACTION AGAINST RELEASEE TO THE GREATEST EXTENT ALLOWED BY LAW.

**Premises located at:** \_\_\_\_\_

<b>Signature of Releasor</b>	<b>Print Name of Releasor</b>	<b>Date</b>
<b>Parent/Guardian Signature</b> (If Releasor is a Minor)	<b>Print Name of Parent/Guardian</b>	<b>Date</b>

**Contact Information of Releasor:** \_\_\_\_\_

	<b>Address:</b>	<b>Street</b>	<b>City</b>	<b>Zip</b>
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<b>Driver's License #:</b>	<b>Phone #:</b>	<b>Cell</b>	<b>Home</b>
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<b>Signature of Releasee (TROT)</b>	<b>Print Name of Releasee</b>	<b>Date</b>
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**EXHIBIT A**

Therapeutic Riding of Tri Cities, Instructional Riding for Special Needs persons located at 104 E. 41<sup>st</sup> Place Kennewick, WA 99337.

**EXHIBIT B**

Releasor understands the dangers of being around horses and children with spontaneous and possibly angry or violent tendencies where serious injury or death may result.



