

# Volunteer Application



**“Providing Hope and Happiness with Horses”**

**Hooves of Hope Equestrian Center, Inc.**  
735 Chenault Bridge Rd. Lancaster, KY 40444  
(859) 792-8938

**Dear Volunteer Applicant,**

Thank you for your interest in Hooves of Hope Equestrian Center, Inc. The mission of Hooves of Hope is to provide children and adults, with diverse needs, a solid foundation for developing life skills through equine assisted activities and therapies in a safe and caring environment.

Hooves of Hope not only provides hope and happiness to our riders, but we seek to inspire volunteers as well. Due to the generosity, care, and hard work of our volunteers we are able to change lives and provide many forms of equine assisted services to the individuals we serve.

However you decide to get involved with Hooves of Hope, we hope that you will experience the wonderful bond between horse and participant. There is nothing better than hearing a participant speak their first words while on horseback, or watching a smile come across their face with a nudge of a horse's soft nose. At Hooves of Hope obstacles are overcome daily and we welcome you to be part of changing lives with us.

We would love to have you out to join our crew!

Thank you,

Laura Friday  
Executive Director  
Hooves of Hope Equestrian Center

## About Hooves of Hope

The mission of Hooves of Hope Equestrian Center is to provide children and adults, with diverse needs, a solid foundation for developing life skills through equine assisted activities and therapies in a safe and caring environment. We offer Therapeutic Riding, Therapeutic Carriage Driving, Operation Hope Veterans Program, Youth program and EAGALA Therapy. Each one of our horses is used in different capacities here at Hooves of Hope and are crucial to our ability to provide equine assisted activities and therapies.

Hooves of Hope is a nonprofit 501(c)3 that has been serving our community since 2006. Our facility has both indoor and outdoor riding arenas with use of a fully equipped tack and grooming room as well as a climate controlled easily accessible viewing area and education room. We depend on the generosity, care, and hard work of our volunteers, interns, staff, and donors. Our ability to provide services is made possible through community and individual support as well as fundraisers and donations.

We welcome participants as young as 4 years old. Our program can benefit individuals with varying special needs such as; Autism, Cerebral Palsy, Down Syndrome, Developmental Delay, Traumatic Brain Injury, Multiple Sclerosis, Spina Bifida, Attention Deficit, Spinal Cord Injuries, Learning or Language delays, Sensory Integration Dysfunction, PTSD, and Cerebral Vascular Accident.

## How to Become a Volunteer at Hooves of Hope

1. [ ] Complete the Volunteer Application
2. [ ] Email or mail all above mentioned paperwork to Hooves of Hope
3. [ ] Sign up for a Background Check through Sterling Volunteers
4. [ ] Contact Hooves of Hope to sign up for a Volunteer Orientation and Training
5. [ ] Attend a Volunteer Orientation
6. [ ] Attend a Leader Training or Side-walker Training based on your interest

# Ways you can volunteer at Hooves of Hope

## Feeding and Grooming

- Help Barn staff feed grain, hay, and fill water buckets
- Groom the horses before the start of a session
- Familiarize yourself with the horses and assist barn staff in their care

## Barn Maintenance

- Clean stalls, buckets, tack, obstacles, or the viewing room
- Help paint walls, obstacles, props, and signs
- Construct obstacles

## Sidewalking

- Walk alongside the participant during a session
- Contribute to the participants safety and fun
- Experience the joy and smiles and be a part of the human to horse bond.

## Horse Leader

- Lead a horse during a session
- Assist the participant as they learn to control the horse on their own
- Form a relationship with the horse you are leading

## Office Assistance

- Help office staff in keeping up with filing, paperwork, and organizing
- Find and write grants for Hooves of Hope
- Put together posters, educational tools, flyers, etc.
- Help organize fundraisers

All of these positions require on-site training so it is up to the discretion of the barn staff to assess a volunteer's ability to assist in the above mentioned areas. In addition, if you have a different area in which you would like to help, or a specific skills set that may be of use, please contact us and we will find a spot for you!

# Volunteer Application

**Thank you for your interest in volunteering with HHEC! Our volunteers are the backbone of our program and without them our participants could not participate. Please complete the following application. It is important to fill out the entire form and not leave any questions blank. Thank you!**

Please Note: HHEC cannot accept applicants into volunteer programs who have been arrested for, or convicted of, crimes against persons and/or animals. You may be subject to a background check as part of this application process.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Employer/School: \_\_\_\_\_

How did you hear about HHEC? \_\_\_\_\_

Why are you interested in volunteering at HHEC? \_\_\_\_\_

There are many fun and rewarding ways to volunteer at HHEC. Please check which volunteer areas most interest you:

### **Session Volunteer**

- Barn Help
- Leading a Horse
- Side Walking
- Grooming

### **Special Events**

- Horse Shows
- Periodic Events
- Tack Sale

### **Administration**

- Fund Raising
- Newsletter
- Office Help
- Photography/Video

Other:

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(Please list a skill you would like to offer to the program)

What level of horse experience do you have?  Little/None  Some  Considerable  
Please describe briefly:

Are you comfortable working around horses?  Yes  No  
Do you have experience or training working with people with disabilities?  Yes  No  
Please describe briefly:

Please specify any other experience and/or skills you feel could be useful to the program:

Are you able to walk for 45 minutes and jog short distances?  Yes  No  
Do you have any health issues or physical limitations that we should be aware of?  
 Yes  No \*I accept responsibility to inform the people I am working with of my limitations.\*  
If yes, please describe:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if applicant is under 18)

### **Volunteer/Personnel Liability Release**

As a volunteer/personnel with Hooves of Hope Equestrian Center, Inc. I acknowledge the risks and potential for the risks of a horseback-riding program and horse related activities. However, I feel the possible benefits to myself and the clients 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 damage against Hooves of Hope Equestrian Center, Inc. and its employees, instructors, therapists, aides, volunteers, equines, equine owners, equipment and the operating site for any and all injuries and/or I may sustain while participating at Hooves of Hope Equestrian Center, Inc.

“WARNING: Under Kentucky law, a farm animal activity sponsor, farm animal professional or other person does not have the duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities.”

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of parent/guardian if volunteer is under 18 years of age

### **Photo Release**

I DO  I DO NOT consent to and authorize the use and reproduction by Hooves of Hope Equestrian Center, Inc. of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibits, electronic publications (including World Wide Web) or for any other use for the benefit of the program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of parent/guardian if volunteer is under 18 years of age

## Background Information

Due to the extreme vulnerability of our special needs community, **A BACKGROUND CHECK IS REQUIRED**. The check is done through Sterling Volunteers and is accessible on our website at: <https://www.hoovesofhopeky.org/volunteer> scroll down to the bottom of the page and register through the site it takes you to. Your background check will be sent to us through Sterling Volunteers.

I, \_\_\_\_\_ authorize Hooves of Hope Equestrian Center, Inc. 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 limited to convictions for crimes committed upon children.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of parent/guardian if volunteer is under 18 years of age

## Volunteer's/Personnel's Authorization for Emergency Medical Treatment

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Ph: \_\_\_\_\_ Address: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_  
Preferred Medical Facility: \_\_\_\_\_  
Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_  
Allergies to medication: \_\_\_\_\_  
Current Medication: \_\_\_\_\_

### Person(s) to be contacted in case of an emergency:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Ph: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Ph: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Ph: \_\_\_\_\_

## Volunteer Consent and Release

### Consent for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury while participating in the services of, or while being on property of, Hooves of Hope Equestrian Center, Inc. (HHEC), I authorize HHEC to secure and retain medical treatment and/or transportation if needed. This authorization includes any treatment deemed necessary by a treating health care professional and includes but is not limited to x-ray, surgery, hospitalization, and medication. In addition, I authorize HHEC to release my/my child/my ward's record to any individual involved in medical treatment and/or necessary transportation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of parent/guardian if volunteer is under 18 years of age



## Confidentiality Policy

Hooves of hope Equestrian Center, Inc. (HHEC) recognizes the right of participants/riders and their families to have privacy and control over any information that might be personal or sensitive. In order to respect that right, HHEC has adopted the following policy regarding confidentiality.

Those bound by the directives of this policy are ALL persons in anyway connected with HHEC, including but not limited to: full and part-time staff, volunteers, board members, temporary employees, independent contractors, and instructor workshop/training/certification participants. Any person violating these policies will be subject to penalties ranging from reprimand to alteration of job responsibilities to termination to legal action.

Information considered to be confidential includes all medical, familial, social, referral, personal, and financial concerns regarding a participant and/or his/her family. Such information is considered confidential regardless of how it is obtained, whether directly from the participant or family. HHEC staff, volunteers or others association with HHEC, or inadvertently from other sources, such as but not limited to a chart, computer screen or overhead conversation.

Instructors may deem it necessary to inform individuals directly associated with participant/rider medical/behavior information related to providing therapeutic riding services to the participant/rider. This information will be used solely for therapeutic riding purposes.

Consent to disclose information to outside individuals or agencies, including photographs and videotapes, should be obtained in writing from the proper legal representative. Adults age 18 and over with development disabilities are presumed to be competent to give consent unless they have specifically been found incompetent in a court of law. In such case, a substitute decision-maker would be assigned, and any consent must be obtained from that decision-maker.

I have read and understand the HHEC confidentiality policy as described above and agree to observe its principles.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature of parent/guardian if under 18 years old: \_\_\_\_\_

# Volunteer Availability Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please list time available:**

**Monday:** \_\_\_\_\_

**Tuesday:** \_\_\_\_\_

**Wednesday:** \_\_\_\_\_

**Thursday:** \_\_\_\_\_

**Friday :** \_\_\_\_\_

**Saturday:** \_\_\_\_\_