



## Southern Delaware Therapeutic Riding Inc.

P.O. Box 219  
Nassau, DE. 19969  
302-644-1920  
[www.sdtrhr.com](http://www.sdtrhr.com)

Fed. Tax ID: 52-2047294

Dear Potential Volunteer,

Thank you for your interest in volunteering for Southern Delaware Therapeutic Riding (SDTR). Since its founding in 1988, SDTR's mission has been to improve the physical and emotional wellbeing of children and adults with disabilities through equine assisted therapy. Participants in the program experience increased body strength, flexibility and coordination; improved social and emotional skills; and greater confidence and self-esteem.

SDTR and its instructors are certified by the Professional Association of Therapeutic Horsemanship (PATH), a non-profit organization who is internationally recognized as the top credentialing and accrediting entity for therapeutic riding facilities and their instructors.

SDTR's success depends not only on the financial contributions from our community, but also the countless hours of hard work done by our selfless volunteers. The following are a few ways volunteers contribute to SDTR:

- ❖ Assisting with our lesson program, as either a horse leader or sidewalker
- ❖ Assisting with farm maintenance and construction
- ❖ Assisting with fundraising and events
- ❖ Assisting with community outreach, marketing, graphic design, IT work, and grant writing
- ❖ Assisting with administrative duties

The first step to becoming an SDTR volunteer is to complete the attached volunteer application. Upon completion, mail the forms to the address listed above. Once we have received your completed application, we will contact you to bring you onboard SDTR's Volunteer Team.

We appreciate your interest in SDTR and look forward to hearing from you soon!

Sincerely,

SDTR's Volunteer Team

# SDTR Volunteer Application/Registration Form



**Name:**

First: \_\_\_\_\_ Last: \_\_\_\_\_

Are you 14 years or older?      Y                      N

**Address:**

Street Address: \_\_\_\_\_

AddressLine2: \_\_\_\_\_

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

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Please Provide Contact Information:**

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

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

Email: \_\_\_\_\_

**FOR VOLUNTEERS UNDER THE AGE OF 18**

**Parent or Guardian Name (for volunteers under 18 year of age)**

First: \_\_\_\_\_ Last: \_\_\_\_\_

**Parent or Guardian Phone (for volunteers under 18 years of age):**

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

How did you hear of SDTR? \_\_\_\_\_

Have you had experience working with horses? \_\_\_\_\_

Have you had previous experience working with disabilities? \_\_\_\_\_

**Your Volunteer Interests**  
**I AM INTERESTED IN VOLUNTEERING FOR THE RIDING PROGRAM IN THE  
FOLLOWING WAY(S):**

*ITEMS WITH AN \* INDICATE AREAS THAT REQUIRE  
ADDITIONAL TRAINING, THROUGH SDTR, BEFORE PARTICIPATING*

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**Lesson Program Volunteer:**

**\*Sidewalking**

*(Must be able to walk next to a horse for an extended period of time, jog short distances, and hold your arm above shoulder height to support a rider's weight for the duration of lesson(s). SDTR Sidewalker training must be completed before being able to participate in lessons)*

**\*HorseLeading**

*(Must have experience as an SDTR sidewalker and go through SDTR's Horse Leader Training Course before being able to participate in lessons)*

**Greeter**

**Facility/Farm Volunteer**

General maintenance and  
Repairs  
 Construction

Carpentry  
 Equipment operation\*  
 Horse Care/Barn Helper

**Administrative Volunteer**

Computer & Database skills  
 Copy Writing  
 Grant Writing

Social Media  
 Mailings  
 Computer Graphics

**Special Events & Fundraiser Volunteer**

Serve on special events planning committees  
 Marketing/Community Outreach  
 Provide assistance on the day of the event

**PLEASE READ EACH OF THE FOLLOWING ITEMS  
VOLUNTEERS 18 YEARS AND OLDER PLEASE COMPLETE THIS PORTION**

**Reference & Background Check Information**

**Personal Reference (must be a non-family member)**

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know them?: \_\_\_\_\_

**Professional Reference**

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know them?: \_\_\_\_\_

**Have you ever been convicted of a criminal offense or have a conviction pending, including any misdemeanors?**

Y

N

**If yes, please explain the nature of the offense.**

**I understand that SDTR will perform background checks on all new adult volunteers. The information on my volunteer application will be verified, and give permission to make inquiry of others concerning my suitability to serve as a volunteer at SDTR.**

**Date:** \_\_\_\_\_

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

## In Case of Emergency Contact

**Emergency Contact Name:** \_\_\_\_\_

**Relation:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**\*It is not mandatory, but Since SDTR volunteers will most likely be working in a farm environment with live animals; we recommend that all volunteers be up-to-date on their tetanus vaccinations**

## Photo Release

I consent to and authorize the use and reproduction by Southern Delaware Therapeutic Riding, Inc. of any and all photographs and other audiovisual material taken of me for promotional printed materials, educational activities, exhibitions, or for any other use of the program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent/Guardian if volunteer is under 18)

## Affirmation

I understand that:

1. I authorize SDTR to contact the listed references.
2. In the course of volunteering for SDTR, I may be dealing with confidential information about SDTR riders'/participants' medical information and I agree to keep said information in the strictest confidence.
3. The relationship between SDTR and volunteers is an "at will" arrangement and it may be terminated at any time without cause by either the volunteer or SDTR.
4. I grant SDTR permission to use my likeness, voice, and words in television, radio, film, or in any form to promote the activities of SDTR.
5. I am responsible for informing SDTR of ALL changes regarding information contained in this application.
6. In case of medical emergency, the undersigned authorizes SDTR to provide such medical assistance as they determine necessary.

I affirm that I have read and understand this application and that the information given is true and complete. I also understand that in the event false information is provided, I may be terminated from my volunteer position.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Liability Release and Hold Harmless Agreement**

**PLEASE READ CAREFULLY BEFORE SIGNING. SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.**

- A. **REGISTRATION OF VOLUNTEER AND AGREEMENT PURPOSE AND CONSIDERATIONS**-In consideration of my participation as a volunteer for SDTR and the signing of this agreement, I, the following listed individual and the parents or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in activities and events for SDTR. This agreement shall be legally binding of the PARTICIPANT and the parent or legal guardians thereof if a minor, my heirs, estate, assigns, including minor children and personal representatives. It shall be interpreted according to the laws of the state and country of SDTR's physical location. Any disputes by the rider shall be litigated in and venue shall be in the county in which SDTR is located.
- B. **DEFINITIONS:** The term "SDTR" shall herein refer to Southern Delaware Therapeutic Riding, Inc. it's Board of Directors, Instructors, volunteers, and employees. The term "HORSEBACK RIDING" or RIDING shall herein refer to riding or otherwise handling of horses whether from the ground or mounted. The term "HORSE" shall herein refer to all equine species. The term "PARTICIPANT" and/or "RIDER" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms "I", "Me", "My", "Participant" and "Rider" shall herein refer to the above volunteer and the parents or legal guardians thereof if a minor.
- C. **ACTIVITY RISK CLASSIFICATION, INHERENT RISKS AND NATURES OF THE HORSE WARNING:** Horseback riding is classifies as a RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY. There are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products) horse activities rank approximately 64<sup>th</sup> among the activities of people, relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities. NO HORSE IS A COMPLETELY SAFE HORSE. Horses are 5-15 times larger, 20 to 40 times more powerful and 3 to 4 times faster than a human is. If a rider falls from a horse to the ground it will generally be at a distance of from 3 ½ to 5 ½ feet and the impact may result in injury or death of rider. Horseback riding is the only sport where one much smaller, weaker, predator animal, the human tries to control and become one unit of movement with another much larger, stronger prey animal, the horse, with each having limited understanding of each other. If a horse is frightened or provoked it may divert from its training and respond according to its natural survival instincts which may include but are not limited to: stopping short, changing directions or speed at will, shifting its weight side to side, bucking, rearing, biting, kicking or running from perceived danger.
- D. **VOLUNTEER ACCEPTANCE OF RESPONSIBILITY-PARTICIPANT AGREES** that he/she has in some way satisfied him or herself that the condition of the premises and the facilities will provide adequate and reasonable level of safety for PARTICIPANT. THIS STABLE is not responsible for any property damage, injury, or loss incurred by or as a result of any horse(s) on the premises to PARTICIPANT. PARTICIPANT IS AWARE IF THE RISKS AND DANGERS OF THIS ACTIVITY AND AGREES TO ACCEPT RESPONSIBILITY FOR ANY AND ALL INCIDENTS OCCURRING DURING THISACTIVITY.
- E. **CONDITIONS OF NATURE:** SDTR is not responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall or react in some unsafe way. SOME EXAMPLES ARE: thunder, lightning, rain and wind. Wild and domestic animals, insects, reptiles which may walk, run, fly, near, bite or sting a horse or person; and irregular footing on indoor and out of door groomed or wild land which is subject to constant change in condition according to weather, temperature, and changes in landscape.
- F. **ACCIDENTAL/MEDICAL INSURANCE-** Should emergency medical treatment be required, I and/or my own medical insurance company shall pay all such incurred expenses.

- G. **LIABILITY RELEASE-** In consideration of SDTR allowing my participation in this activity, under the terms set forth herein, I, the PARTICIPANT and the parent or legal guardian thereof if a minor, do agree to hold harmless and release, SDTR, its Board of Directors, instructors, agents, volunteers, employees, officers, members, affiliated organizations and insurers from legal liability due to SDTR's ordinary negligence. I do further agree that except in the event of SDTR's gross and willful negligence, I shall bring no claims, demands, actions, causes or action and/or litigation against SDTR and its associates as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by while riding, handling, or otherwise near horses owned by or in the care, custody, and control of SDTR on the property for any reasons.
- H. **BREACH OF CONTRACT-** Should either party breach this contract, the breaching party shall pay for the other's court costs and attorney fees related to such breach.
- I. **ALL RIDERS, PARENTS OR LEGAL GUARDIANS OR AUTHORIZED AGENTS FOR SUCH PARTIES MUST SIGN BELOW AFTER READING THIS ENTIRE DOCUMENT.**

**Statement of Awareness**

I/We the undersigned have read and do understand the foregoing agreement, warnings, assumption of risk and release agreement. I/We further attest that all stated facts are true and accurate.

Volunteers under the age of 18 must have Parent/Guardian Signatures.

Volunteer (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attire**

**THE FOLLOWING ATTIRE IS RECOMMENDED BY ALL VOLUNTEERS. THIS IS FOR YOUR SAFETY AND THE SAFETY OF OTHERS.**

- Proper-fitting, closed-toed shoes that you can run in are required.
- Long pants are recommended to protect you from bugs. When the weather warms up, modesty is important. Please avoid wearing spaghetti straps, short shorts, and low-cuttups.
- Be aware that rings and other jewelry can get caught up in lead ropes. Students may reach for hair, dangling earrings and chunky jewelry. We recommend tying your hair back and removing jewelry before coming to the barn.
- Please wear your name tag, and preferably SDTR colors (Red and Black). If you don't have a name tag, let us know, we will order one for you!