



## Southern Delaware Therapeutic Riding

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 a 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: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

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 about SDTR?** \_\_\_\_\_

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

**Have you had previous experience working with disabilities? If yes, please explain:** \_\_\_\_\_

**Are you a military veteran?**  Yes  No **Branch?** \_\_\_\_\_

**Any family members currently or formerly in the military?**  Yes  No **Branch?** \_\_\_\_\_

**Do you have a trained skillset that you are willing to share with SDTR (landscaping, construction, facility maintenance, IT, admin, public relations or other)?** \_\_\_\_\_

## Your Volunteer Interests

I am interested in volunteering for SDTR in the following way(s):

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

### 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 provide security and support for a rider throughout the lesson(s). SDTR Sidewalker training must be completed before being able to participate in lessons)*
- \*Horse Leading**  
*(Must have experience as an SDTR sidewalker and pass SDTR's Horse Leader Training Course before participating in lessons)*
- Greeter**

### Facility / Farm Volunteer:

- General Maintenance & Repairs
- Construction
- Carpentry
- Landscaping / Mowing
- Barn Helper/Barn Sparkler
- Horse Care \*Requires horse experience & additional training
- Equipment Operation

### Administrative Volunteer:

- Computer / Database Skills
- Data Entry
- Copy Writing
- QuickBooks/Excel/PowerPoint
- Grant Writing
- Social Media
- Computer Graphics
- Photography / Video

### Special Events & Fundraiser Volunteer

- |  |
|--|
| <input type="checkbox"/> Serve on special events planning committees           |
| <input type="checkbox"/> Marketing/Community Outreach                          |
| <input type="checkbox"/> Provide set-up and 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)

I *do not* want any photograph or other audiovisual material taken of me used for promotional printed material, educational activities, exhibitions, or for any other use of the program.

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

# Attire

**THE FOLLOWING ATTIRE IS RECOMMENDED FOR 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-cut tops.
- 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 do not have a name tag, let us know, we will order one for you!

# 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.
7. SDTR places great importance on protecting the confidential information of our participants, their families, and our staff and volunteers. "Confidential information" includes, but is not limited to, participants' medical information, personally identifiable information such as surnames, telephone numbers, addresses, e-mails, etc., as well as the non-public business records of SDTR. I commit to protecting such information from public release or use outside SDTR.

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 OR DEATH**  
**MAY RESULT FROM YOUR PARTICIPATION IN EQUINE ACTIVITIES.**

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- A. **REGISTRATION OF VOLUNTEER AND AGREEMENT PURPOSE AND CONSIDERATIONS:** In consideration of my participation as a volunteer for Southern Delaware Therapeutic and Recreational Horseback Riding, Inc.<sup>1</sup> and the signing of this Liability Release and Hold Harmless Agreement (the "Agreement"), I, the undersigned individual and the parents or legal guardians thereof if a minor, do hereby voluntarily request to, and agree to, participate in activities and events sponsored by Southern Delaware Therapeutic Riding. This agreement shall be legally binding on the Volunteer (as defined below) and the parent or legal guardians thereof if a minor, all of the undersigned persons' heirs, estate, assigns, including minor children and personal representatives. This Agreement shall be governed by and construed under the laws of the State of Delaware (without regard to conflict of laws principles), all rights and remedies being governed by said laws. To the fullest extent permitted by law, any claims made or disputes brought by the Volunteer and the parents or legal guardians thereof if a minor shall be litigated in and the venue shall be in a state or federal court located in the county in which Southern Delaware Therapeutic Riding, Inc. is physically located.
- B. **DEFINITIONS:** The term "SDTR" shall herein refer to Southern Delaware Therapeutic and Recreational Horseback Riding, Inc., its Board of Directors, instructors, volunteers, officers, equity holders, members, managers and employees. The term "HORSEBACK RIDING" or RIDING shall herein refer to riding or otherwise handling of HORSES (as defined below) whether from the ground or mounted. The term "HORSE" shall herein refer to all equine species. The term "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", and "Volunteer" shall herein refer to the undersigned 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 classified as a RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY. There are numerous obvious and non-obvious inherent risks always present in HORSEBACK RIDING despite any and all safety precautions taken. Injuries related to HORSEBACK RIDING can be severe and may result in more lasting residual effects than injuries obtained while participating in other outdoor activities. NO HORSE IS A COMPLETELY SAFE HORSE. Horses may be 5-15 times larger and 20 to 40 times more powerful and faster than a human is. If a rider falls from a HORSE to the ground it may result in the serious injury or death of the rider. 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. I acknowledge that SDTR's riding center is a working farm and that I can expect to encounter power equipment, hand tools, fuel, chemicals, and substances used in the care and treatment of horses and other animals.
- E. **VOLUNTEER ACCEPTANCE OF RESPONSIBILITY:** Volunteer 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 the Volunteer. SDTR is not responsible for any property damage, injury, or loss incurred by or as a result of any horse(s) on the premises to the Volunteer. VOLUNTEER IS AWARE OF THE RISKS AND DANGERS OF HORSEBACK RIDING AND FREELY AGREES TO ACCEPT

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<sup>1</sup> Southern Delaware Therapeutic and Recreational Horseback Riding, Inc., is a 501(c)(3) nonprofit incorporated in Delaware and doing business as Southern Delaware Therapeutic Riding or SDTR.



FULL RESPONSIBILITY FOR ANY AND ALL INCIDENTS AND INJURY, NO MATTER HOW SERIOUS, OR DEATH OCCURRING DURING OR AS A RESULT OF SUCH ACTIVITY.

- F. **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, be near, bite or sting a horse or person; and irregular footing on indoor and outdoor groomed or wild land which is subject to constant change in condition according to weather, temperature, and changes in landscape.
- G. **ACCIDENTAL/MEDICAL INSURANCE:** Should emergency medical treatment be required, I and/or my own medical insurance company shall pay all such treatment, including incurred costs and expenses that are not covered by SDTR's Excess Accident Medical Insurance.
- H. **LIABILITY RELEASE:** In consideration of SDTR allowing my participation as a volunteer for SDTR, under the terms set forth herein, I, the volunteer and the parent or legal guardian thereof if a minor, do agree to forever hold harmless and fully and irrevocably release, SDTR, building or facility lessees or lessors, sponsors, horse owners, its affiliated organizations and insurers, and the officers, directors, employees, representatives, volunteers, managers, members, equity owners, stockholders, affiliates, instructors and agents of the foregoing (the "Covered Persons") from any and all liability (LEGAL OR OTHERWISE), losses and claims, demands, actions, causes or action and/or litigation against any covered person (all of which i hereby knowingly and voluntarily waive) due to SDTR's ordinary negligence at any time or due to bodily injury, death, property damage, sustained by me at any time while (1) riding, handling, or otherwise being near horses owned by or in the care, custody, or control of SDTR, (2) on SDTR's property for any reason, or (3) while i am otherwise performing volunteer services to or otherwise acting as volunteer for SDTR. I, the volunteer, and the parent or legal guardian thereof if a minor, do further agree that I shall bring no claims, demands, actions, causes or action and/or litigation against any Covered Person for any economic and non-economic losses or other liability (1) due to bodily injury, death, property damage, sustained by me while riding, handling, or otherwise being near horses owned by or in the care, custody, or control of SDTR, (2) occurring on SDTR's property for any reason, or (3) arising while i am otherwise performing volunteer services to or otherwise acting as volunteer for SDTR.
- I. **BREACH OF CONTRACT:** Should I breach this Agreement, I shall pay for SDTR's court costs and reasonable attorney fees related to such breach.
- J. **ALL PARTICIPANTS, PARENTS OR LEGAL GUARDIANS OR AUTHORIZED AGENTS FOR SUCH PARTIES MUST SIGN BELOW AFTER READING THIS ENTIRE DOCUMENT.**
- K. Each provision of this Agreement shall be considered severable and if for any reason any provision or provisions herein are determined to be invalid, unenforceable or illegal under any existing or future law, such invalidity, unenforceability or illegality shall not impair the operation of or affect those portions of this Agreement, which are valid, enforceable and legal.

## 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: \_\_\_\_\_