



Mailing Address: P.O. Box 71 Clinton, South Carolina 29325  
Physical Address: 4000 Hurricane Church Road, Clinton, South Carolina 29325

## Checklist for Volunteers

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

\_\_\_\_\_ Volunteer Application Form

\_\_\_\_\_ Volunteer Authorization for Emergency Medical Treatment

\_\_\_\_\_ Volunteer Release Form

\_\_\_\_\_ Participation in the annual training clinic

Upon receipt of your paperwork, a representative from the PET Riding Program will contact you to discuss how you can help.

If you have any questions please call the Program Coordinator, Leigh Anne Waters at 864-923-4998.



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### Volunteer Application Form

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_  
Your date of birth \_\_\_\_\_

### Volunteer Questionnaire

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

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 with the PET Riding Program because \_\_\_\_\_

### Check which areas you would like to volunteer:

- Grooming & Tacking Horses
- Side-walking with a rider
- Horse Leader
- Stable Maintenance (cleaning stalls and tack, end of the day clean-up)

Please give 2 names with phone numbers we could call for references

\_\_\_\_\_



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## **Volunteer Authorization for Emergency Medical Treatment**

In the event that emergency medical aid/treatment is required due to illness or injury during the process of volunteering with the PET Riding Program, 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 \_\_\_\_\_

I understand that in the event of an emergency, I will be taken to the closest emergency facility.

### **Consent for Medical Treatment**

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. Please list any medical conditions (asthma, allergy to medication, etc.), medical devices and medications that professionals would need to take into consideration regarding treatment.

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Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_



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## Volunteer Release Form

### 1) Liability Release

As a volunteer with the PET Riding Program, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to me 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, and executors or administrators, waive and release forever all claims for damages against Mr. and Mrs. John Pate, the Palmetto Equestrian Therapeutic Riding Program, its' Board of Directors, instructors, therapists, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in the program.

Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

### 2) Photo Release (*check one*)

- I consent to and authorize the use and reproduction by the PET Riding Program, 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 the PET Riding Program 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 \_\_\_\_\_



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## **Volunteer Guidelines**

Please understand that our main goal at the PET Riding Program 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, Release Form, and Authorization for Emergency Medical Treatment). Questions about any of the forms should be directed to our Program Director, Leigh Anne Waters.
2. 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 session.
  - 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. 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.
5. We and your team greatly depend on you! Always let your Program Coordinator know if you cannot attend a lesson. The more advanced notice you are able to give us, the better able we will be to fill your slot for that lesson.
6. If you are allergic to insect bites, it is important that you bring medication each time you come to the farm.
7. 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.
8. 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.
9. 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.
10. If you are uncomfortable with a given horse or team, please talk to the instructor. We want you to feel comfortable and happy, and will endeavor to make necessary adjustments.