



At ManeGait Therapeutic Horsemanship, children and adults with disabilities will move beyond their boundaries through the healing power of the horse and the dedication of a professional, caring community.

Welcome to ManeGait!

Thank you so much for your interest in ManeGait Therapeutic Horsemanship. We are excited that you want to become a volunteer. Our volunteers are the lifeblood of our center. ManeGait riders who have physical, cognitive, or learning disabilities could not achieve their great strides of success without the help of the wonderful people from the community.

In addition to assisting the instructors as a lesson volunteer, there are many other volunteer opportunities to choose from. The following pages include the description of some of the opportunities as well as volunteer registration forms. Please fill out the forms and return them to:

ManeGait Therapeutic Horsemanship
3160 N. Custer Rd.
McKinney, Texas 75071
Volunteer Coordinator
Kathy Martin
kmartin@manegait.org
phone: 469-742-9611 ext. 103
fax: 469-742-9677

We look forward to having you on our ManeGait Team!



Volunteer Application

Please Print

Title: _____ Date: _____

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____ Date of Birth: _____

Employer/School: _____

Parent/Guardian _____ Phone _____

(If under 18)

Preferred Contact Method:

How did you find out about Manegait?

Individual's Name: _____

Website: _____

School/Organization: _____

Other: _____

Allergies: Pollens Animal Hair Insect Bites Sulfa Drugs Asthma

Latex Food Penicillin Other _____

Office Use Only

Volunteer Training Date: _____



Please complete all forms

CONSENT PLAN

I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, any participation on my part at ManeGait, or while being on the property of ManeGait, I authorize ManeGait Therapeutic to:

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

Volunteer Consent Signature _____ Date: _____

Signature of Parent/Guardian _____

(If volunteer is under 18 years of age, **both** signatures are required)

~ ~ OR ~ ~

NON-CONSENT PLAN

I do not give consent for emergency medical treatment/aid in the event of illness during the process of receiving services, any participation on my part at ManeGait, or while being on the property of ManeGait. In the event emergency treatment/aid is required, I wish the following procedures to take place: _____

Volunteer Consent Signature _____ Date: _____

Signature of Parent/Guardian _____

(If volunteer is under 18 years of age, **both** signatures are required)

PHOTO RELEASE

Volunteer Name: _____
(Please Print)

____ I **consent** to and authorize ____ I **do not** consent to nor do I authorize the use and reproduction by ManeGait of any and all photographs and any other audiovisual materials taken of me or my child or family member for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Volunteer Consent Signature _____ Date: _____

Signature of Parent/Guardian _____

(If volunteer is under 18 years of age, **both** signatures are required)



POLICY OF CONFIDENTIALITY

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of ManeGait Therapeutic Riding Center and not discuss or disclose any sensitive information about any person or their family.

Volunteer Consent Signature _____ Date: _____

Signature of Parent/Guardian _____

(If volunteer is under 18 years of age, **both** signatures are required)

ADULT LIABILITY RELEASE

(For persons 18 Years and Older ONLY)

I acknowledge the risks and potential for risks of horseback riding and working with horses, including but not limited to: falling or being thrown from a horse; being kicked, stepped on or bitten by a horse; hitting overhead objects; and/or injuries sustained while mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury and death. However, I feel that the possible benefits to be offered at ManeGait are greater than the risks assumed.

I hereby, intending to be legally bound for myself, my heirs, assigns, executors and administrators, waive and release forever all claims for damages against ManeGait Therapeutic Horsemanship, its directors, officers, landlord, agents, employees, clients, independent contractors and volunteers (collectively, "The Released Parties") from any and all claims, demands and causes of action of any and every kind or nature including any and all injuries and/or losses I may sustain while participating in activities at or sponsored by ManeGait or while on ManeGait property, from whatever cause, including but not limited to the negligence of The Released Parties.

I certify that I am 18 years of age or older and am fully competent to enter into this release. I have read this Release in its entirety. I understand the terms of this Release and have signed this Release voluntarily and with full knowledge of the effects thereof.

Volunteer Signature _____ Date: _____

Driver's License#: _____ State: _____

Have you ever been convicted of a criminal offense? Yes _____ No _____

If yes, when _____ Explain: _____

The above information may be verified and I give permission to make inquiry of others, including a background check, concerning my suitability to act as a volunteer at ManeGait.

Volunteer Signature _____ Date: _____



RELEASE FOR A MINOR OR WARD

(For persons Under 18 Years of Age OR for Adults Who Have a Legal Guardian)

That I, _____, the undersigned, a parent/legal guardian of _____, for and in sole consideration of the privilege of permitting said person to participate in activities at or sponsored by ManeGait Therapeutic Horsemanship Center and recognizing that horse riding activities involve certain inherent dangers and risks to persons and property, do hereby agree to assume for myself and on behalf of my ward or child, the risks and dangers attendant to such activity, including but not limited to: falling or being thrown from a horse, being kicked, stepped on or bitten by a horse or other animal, and/or injuries sustained while riding, mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury and death. I am aware of these and other risks associated with horse riding activities, however, I feel that the possible benefits to be offered by ManeGait are greater than the risks assumed.

I hereby, intending to be legally bound for myself and my child/ward, heirs, assigns, executors and administrators, waive and release forever all claims for damages against ManeGait Therapeutic Horsemanship, its directors, officers, landlord, agents, employees, clients, independent contractors and volunteers (collectively, "The Released Parties") including any and all injuries and/or losses I or my child/ward may sustain while participating in activities at ManeGait or while on ManeGait property, from whatever cause, including but not limited to the sole or contributory negligence of all or any of The Released Parties.

I DO HEREBY FURTHER AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, DAMAGES, CAUSES OF ACTION, ATTORNEY'S FEES AND EXPENSE OF LITIGATION FOR DEATH OR INJURY TO ANY PERSON OR FOR LOSS OF OR DAMAGE TO ANY PROPERTY ARISING OUT OF OR IN CONNECTION WITH MY CHILD/WARD'S PARTICIPATION IN ACTIVITIES AT OR SPONSORED BY MANEGAIT. **IT IS MY EXPRESS INTENTION THAT THE INDEMNITY PROVIDED FOR IN THIS PARAGRAPH IS AGREED TO BY THE UNDERSIGNED IN ORDER TO FULLY INDEMNIFY AND PROTECT MANEGAIT FROM THE CONSEQUENCES OF THE RELEASED PARTIES' OWN NEGLIGENCE, WHETHER THAT NEGLIGENCE IS THE SOLE OR CONTRIBUTING CAUSE OF INJURY, DEATH OR DAMAGE.**

I, the undersigned, have read this waiver of liability, release, indemnification and hold harmless agreement and understand its terms. I execute it voluntarily and with full knowledge of its significance.

SIGNED this the _____ day of _____, 20_____

Parent/Legal Guardian



ManeGait Volunteer Code of Conduct

- ♦ We will honor our commitment to our riders.
- ♦ We realize that safety is of the utmost importance.
- ♦ We will take seriously the importance of confidentiality.
- ♦ We will respect our fellow volunteers.
- ♦ We will cooperate with the instructor and be open to their guidance.
- ♦ We will be compassionate and caring to our riders.
- ♦ We will treat the ManeGait horses humanely and with understanding, patience and care.
- ♦ We will help instill in our riders, empathy for the horse.
- ♦ We will help to maintain the integrity of ManeGait's property, facilities and equipment.
- ♦ We will conduct ourselves in a wholesome and positive manner.

I have read the above and agree to ManeGait's Volunteer Code of Conduct:

Printed Name: _____

Signature: _____

Date: _____



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

(All information is required)

Emergency Contact Information *(Please Print)*

Name: _____

Relationship: _____

Phone: Cell _____ Work _____ Home _____

Physician's Name: _____

Physician's City: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Carrier: _____

Policy #: _____

Date of Last Tetanus shot: _____

Please indicate any disability, limitation or medical conditions that may affect your volunteer role and that we should be aware of:



Volunteer Opportunities Where do I fit?

At Manegait we have an opportunity for everyone who is willing to give of their time and talent. Listed below is a brief description of jobs that need YOU. Take a look at them and see where you might fit.

For hands-on interaction and physical exercise you might want to be a...

Side Walker – The primary responsibility of a side walker is to maintain constant safety awareness, while providing physical and motivational support to the rider.

- ♦ Minimum age is 14.
- ♦ Be able to walk briskly in sand for 15-20 minutes.
- ♦ Jog intermittently for short periods of time while horse is trotting.
- ♦ Attend volunteer training and be committed for your time slot assignment.

If you have experience with horses you might want to be a...

Horse Leader - The main responsibility of the leader is to control the horse during grooming and the lesson. It is the leader who must help in guiding the horse; stopping and starting without making the rider feel that they are simply a passenger.

- ♦ Minimum age is 14.
- ♦ Must have experience with horses and be approved by the director.
- ♦ Attend hands-on training and be responsible for continued training as needed.
- ♦ Walk at a fast pace and jog intermittently during the lesson.

If you like to organize and clean you might want to be a...

Tack Master – This job consists of helping our tack room stay clean and organized. Helping riding teams gather the tack specified for each lesson and make sure it all gets cleaned and put where it belongs.

- ♦ Minimum age 14.
- ♦ Must be willing to attend one volunteer training session.

If you want to work inside you might want to be a...

Paper Jockey – We have filing, data entry, phone calling that needs to be completed to keep our organization running. Flexible hours.

- ♦ Minimum age 14.
- ♦ Must be willing to attend one volunteer training session.

If you like to help plan parties and events you might want to be on the...

Chuck Wagon Team – We will need folks to help with volunteer appreciation and riding events. This may entail menu planning cooking, helping to serve, table set up and clean up.

- ♦ Minimum age 14.
- ♦ Must be willing to attend one volunteer training session.

If you want to assist in handy man/woman projects you might want to be a...

Roustabout – You will work on special projects for general maintenance purposes.

- ♦ Minimum age 14.
- ♦ Attend one volunteer training session.

If you have computer skills you might want to be a...

Website Wrangler – responsible for keeping our website current.

- ♦ An understanding of basic HTML, CSS, Drupal, and some graphic design skills.
- ♦ A short drupal content management course will be provided.
- ♦ Areas that will require updates are "News & Events", "Meet the Horses", our "Wishlist", and "Photo Gallery".

If you want to help with fundraising you might want to be a...

Gaitkeeper – Help with special fundraising events and seek support for ManeGait in the community.

- ♦ Attend volunteer training session.



Please indicate your availability to volunteer *(check all that apply)*

	8am-10am	10am-12pm	12pm-2pm	2pm-4pm	4pm-6pm	6pm-8pm
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Areas of interest *(check all that apply)*

Riding Classes Tack Cleaning Facility Maintenance Horse Care
 Office work Fund Raising Special Events Other _____

Languages: *(please indicate any languages in which you are fluent)*

Arabic Chinese French German Italian Japanese Korean
 Portuguese Russian Sign Spanish Vietnamese Other _____

Experience working with horses: little/none _____ some _____ considerable _____

Please briefly describe:

Experience with people with disabilities: little/none _____ some _____ considerable _____

Please briefly describe:

Occupation: (check what most closely matches your occupation/skills):

- | | | |
|--|--|---|
| <input type="checkbox"/> Acct/Finance/Banking | <input type="checkbox"/> Food Srvc/Hospitality | <input type="checkbox"/> Marketing/Advertising/PR |
| <input type="checkbox"/> Admin/Clerical | <input type="checkbox"/> Government/Military | <input type="checkbox"/> Medical/Healthcare |
| <input type="checkbox"/> Animal Srvc/ Veterinarian | <input type="checkbox"/> Homemaker | <input type="checkbox"/> Non Profit Management |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Pharmaceutical/BioTech |
| <input type="checkbox"/> Arts/Entertainment | <input type="checkbox"/> Insurance | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Construction/Facilities | <input type="checkbox"/> IT/Telecommunications | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Editorial/Writing | <input type="checkbox"/> Law Enforcement/Security | <input type="checkbox"/> Sales /Retail |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Legal | <input type="checkbox"/> Student |
| <input type="checkbox"/> Equine Industry | <input type="checkbox"/> Logistics/Transportation | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Mfg/Production/Operations | <input type="checkbox"/> Other _____ |

Sorority/Fraternity/Clubs/Affiliations: _____

Please list any Horse Associations/Clubs/Equestrian Centers you might be involved in:
