



Mailing Address:
P.O. Box 413
Valhalla, NY 10595
(914) 234-9000
info@accessequestrian.org

Program Locations:
Thornbrook Farm
Bedford, NY
Twin Lakes Farm-North Campus
Bronxville, NY

Dear Prospective Volunteer:

Thank you for your interest in volunteering. Access Equestrian, Inc. is an adaptive horseback riding and equine learning program for individuals with disabilities. We are located at Thornbrook Farm in Bedford, NY and at Twin Lakes Farm-North Campus in Bronxville, NY. We provide year-round individualized adaptive riding lessons for children and adults with physical, cognitive and emotional disabilities. We also offer an unmounted equine learning program for individuals with disabilities who want to work with horses but cannot or choose not to ride, or would like to expand their equine activities and knowledge.

Volunteers serve a vital role in the success of our programs. Your support allows us to serve a diverse population of participants. Your compassion, enthusiasm and gift of time add an important dimension to their lives, while assisting them in accomplishing their equestrian goals. Most volunteer opportunities do not require special skills, as we provide the necessary training. You may be asked to assist during adaptive horseback riding lessons as sidewalkers or leaders, or by acting as a mentor and teaching assistant during unmounted equine learning program sessions. Volunteers are also welcome and need to assist with administrative functions and other support for the organization.

Please complete the Volunteer Application and return it to Access Equestrian at the mailing address listed. Please note that individuals under 18 years of age must have a parent/guardian signature on all forms in order to be able to participate. Once received, we will contact you to set up a Volunteer Orientation meeting where you will tour the facility, meet our horses and be provided with necessary training.

Should you have any questions or would like additional information on our programs, please feel free to contact us directly. We look forward to hearing from you soon.

Best regards,

Denise Avolio
Access Equestrian, Inc.
Program Director and PATH Int'l Advanced Certified Instructor

Access Equestrian, Inc. is a federally recognized 501.c.3 not-for profit organization

Our mission is to provide the therapeutic benefits of adaptive riding, horsemanship programs and other equine assisted activities to improve the lives of individuals with disabilities and other life challenges.

VOLUNTEER CONSIDERATIONS

Recommended Age: The recommended minimum age for volunteers is 14 years old. Volunteers under the age of 14 will be considered if they are intermediate to advanced level equestrians.

Volunteer Roles: Prior experience is helpful but not required. Most volunteers assist during riding lessons as instructor assistant, providing support to riders, and as horse handlers if they have prior horse experience. These roles do require that you are able to walk for 45 minutes and jog for short distances. Sessions may be held outdoors and are often held outdoors. Unmounted sessions entail assisting the instructor with ensuring the safety of the participants and the horses, and mentoring and helping the participant with the lesson plan. These sessions take place primarily in the stable area, but do require volunteers to stand for the entire session, with some walking required. Please be sure you are comfortable with the physical aspects of these volunteer roles before signing up. Administrative support is also welcomed.

Scheduling and Commitment: Volunteers should be willing to make a commitment to be available on a regular basis at the same day and time each week for a specific period of time. Volunteer schedules and assignments are set up are based upon interest, experience and resource availability.

Application Paperwork: Please complete the enclosed paperwork and return to Access Equestrian. *Minors must have parental signatures on the Volunteer Application and Releases to participate in a Volunteer Orientation Meeting and to volunteer.* Access Equestrian may request a volunteer to provide a physician's medical release if deemed necessary.

Volunteer Training: To ensure that we are providing the safest and most enjoyable environment, we ask that you attend a Volunteer Orientation meeting before starting as a volunteer with the program. The purpose of the meeting is to show you the facility and have you meet our horses, to explain the type of work that we do and to provide information on the individuals that Access Equestrian serves. Most importantly, we will provide specific training for the volunteer role being taken on, including important safety and emergency policies and procedures. This meeting takes about one hour and you will be provided with a manual to help you with understanding the program, policies and procedures, and your role as a volunteer. *Because of the nature of the services we provide, Access Equestrian reserves the right to make a final determination as to the appropriateness of volunteers working in our programs. The first three months of volunteering is considered a trial period.*



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VOLUNTEER APPLICATION

At which location are you interested in volunteering? Thornbrook Farm Twin Lakes Farm

NAME: _____ DATE OF BIRTH: ___/___/___

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PLACE OF EMPLOYMENT/SCHOOL: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

BEST METHOD TO CONTACT YOU: _____ MAY WE CONTACT YOU AT WORK? YES NO

PARENT/GUARDIAN NAME: _____

(for volunteers under 18 years of age)

REFERENCE NAME: _____ PHONE: _____

Please let us know your availability:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time Available: FROM _____ AM/PM TO _____ AM/PM

Please list your preferred volunteer tasks in order from 1-8 (or N/A if not interested):

- | | |
|---|---|
| <input type="checkbox"/> Lesson Assistant (leader/sidewalker) | <input type="checkbox"/> Administrative support functions |
| <input type="checkbox"/> Horse care | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> School/exercise horses (experienced riders only) | <input type="checkbox"/> Event organizing |
| <input type="checkbox"/> Farm clean-up/projects | <input type="checkbox"/> Work with Pony Club program |

Do you have any health issues we should be aware of? If so, please describe: _____

In the event of an emergency, please contact:

Name: _____ Relation: _____ Phone: _____

Alternate Phone: _____

Volunteer's Medical Information:

Physician's Name: _____ Telephone: _____

Preferred Medical Facility: _____

Existing Medical Conditions/Disability Diagnosis: _____

Allergies to Medications: _____

Current Medications: _____

Health Insurance Carrier: _____ Plan/Policy No: _____

Volunteer Applicant Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

(for volunteers under 18 years of age)

VOLUNTEER APPLICATION (Page 2)

NAME: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

CONFIDENTIALITY POLICY:

At ACCESS EQUESTRIAN we place great importance on protecting the confidential information of our clients, our staff and our volunteers. "Confidential Information" includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, emails, etc., as well as the non-public business records of ACCESS EQUESTRIAN. In particular, medical information about clients, and information about their disabilities or special needs must be protected as Confidential Information. Volunteers shall never disclose Confidential Information to anyone other than ACCESS EQUESTRIAN staff. Volunteers must seek staff permission before taking photographs or videos.

I have read and understand ACCESS EQUESTRIAN's Confidentiality Policy and agree to abide by the same.

Signature: _____ / _____ Date: _____
(If volunteer is under 18 years of age, both parent and volunteer must sign)

LIABILITY RELEASE:

The above named person would like to participate in ACCESS EQUESTRIAN's horsemanship/riding program. I/my child(ren) fully understand and acknowledge that risks and dangers exist in horseback riding and working with horses, and my/my children's participation in such activities may result in my/my children's injury or illness, including grievous bodily harm. However, I feel the possible benefits to myself/my child(ren) are greater than the risks assumed. I hereby, intending to be legally bound for myself/ child(ren), my heirs and assigns, executors or administrators, voluntarily waive, discharge, hold harmless, and release forever all claims for damages against ACCESS EQUESTRIAN, its Owners, Instructors, Volunteers and/or Employees for any and all injuries and/or losses I/my child(ren) may sustain while participating at ACCESS EQUESTRIAN from whatever cause, including but not limited to the negligence of these related parties.

THE UNDERSIGNED ACKNOWLEDGES THAT THEY HAVE READ THIS APPLICATION IN ITS ENTIRETY; THAT THEY UNDERSTAND THE TERMS OF THIS RELEASE AND HAS SIGNED THIS RELEASE VOLUNTARILY AND WITH FULL KNOWLEDGE OF THE EFFECTS THEREOF.

Signature: _____ Date: _____
Volunteer, Parent or Guardian

PHOTO & PUBLICITY RELEASE:

_____ I hereby consent and authorize: _____ I do not consent, nor do I authorize:

1. ACCESS EQUESTRIAN to use my/my child(ren)'s photograph or image in print, online and video publications.
2. Waive any right to inspect, approve or receive compensation for any materials or communications, including photographs, videotapes, DVDs, website images or written materials, incorporating photos/images of me/my child(ren).

Signature: _____ Date: _____
Volunteer, Parent or Guardian