



TEC Volunteer Packet

Hello and thank you for your interest in the Therapeutic Equestrian Center (TEC)!

TEC is a 501(c)3 nonprofit organization dedicated to enhancing the lives of people with disabilities. Located in Buchanan (MI), TEC is a place where people of all ages with disabilities can participate in therapeutic horseback riding and other equine-related activities.

We have a variety of volunteer opportunities from which to choose. Maybe you're interested in helping riders with disabilities in our therapeutic riding program or prefer to lend a helping hand with facility maintenance and ground work. Another choice could be working with horse care and exercising the horses. Office and administration help is also needed. Some volunteers choose all of the above! Whatever your interest, we welcome your involvement and invite you to join us at TEC.

At TEC, we engage the power of horses to challenge people with disabilities to build stronger minds, bodies, and spirits. Research has shown that equine-assisted therapeutic activities have a positive impact on people of all ages with a variety of conditions. Interaction with horses can improve physical, cognitive, and mental health. Improved balance, strength, and a higher self-confidence, and a sense of accomplishment and emotional well-being are some of the documented results. The benefits for volunteers may not be as well documented, but are just as valuable; especially, since the experience is personally rewarding and meaningful.

Our programs are open to children and adults living in Southwest Michigan and the Michiana Area. We also have a program designated for veterans, active military personnel, and their families. Our first-rate instructors are accredited with PATH (the global authority, resource, and advocate for equine-assisted activities and therapies) and our enthusiastic staff is well trained.

We look forward to welcoming new volunteers to TEC. Our barn is located at the Jane M. Hilier Facility at 1207 E. Galien-Buchanan Road. To learn more about TEC and our volunteer opportunities, visit our website at www.tecfarm.org or give us a call at (269) 429-0671.

Ready to sign up today? Contact our Volunteer Coordinator, Elisabeth Diaz, at (586) 242-2749 or via e-mail at ekdiaz.tec@gmail.com.

To become a TEC volunteer, all forms below must be completed and returned to TEC:

- Volunteer Application
- Volunteer Questionnaire
- Volunteer Authorization for Emergency Medical Treatment
- Therapeutic Equestrian Center Criminal Background Check Release Form (for volunteers 18 years & older)
- Volunteer Release Form & Liability Waiver
- Volunteer Horse Exercise Application (If applicable, can be found on our website at www.tecfarm.org.)



TEC Barn Rules for the Jane M. Hiler Facility

Please observe the following Barn Rules, which are designed to ensure a safe and pleasant experience for everyone. In the event they are not being followed, members of TEC staff and designated volunteers have the authority to take any and all appropriate action to enforce the Barn Rules. Thank you for your cooperation.

- No smoking in the barn.
- Children under the age of 14 must be supervised and accompanied by an adult at all times. All participant siblings must remain with their parents at all times.
- All visitors, participant families, and friends will remain within the designated observation areas.
- No one is allowed to enter any pasture or stall when horses are present without the permission or under the supervision of TEC personnel.
- No one is allowed to enter the tack room without the permission or under the supervision of TEC personnel.
- No one is allowed in or around the machinery or equipment without the permission or under the supervision of TEC personnel.
- Dispose of trash and recycled items in the appropriate receptacles.
- Participants will be permitted in the grooming stalls with the approval of TEC instructors.
- During equine-assisted activities that include Saddle STARS activities, Camp TEC, riding, grooming, and/or ground lessons visitors must remain quiet. Cell phones must be silenced or set to vibrate.
- All participants must wear certified and approved helmets when engaged in horse-related activities.
- Any person mounted on a horse must wear a certified and approved helmet while riding horses.
- Please remove any manure from the arena, aisle, and grooming stalls after a riding session. Return the equipment to the proper storage area.
- Pets are not allowed on the TEC grounds or barn. Certified Service Dogs are allowed.



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Volunteer Application (please print clearly)

Name: _____ Date: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Best way to reach you: Phone (If by phone, which do you prefer: Text Message E-mail Snail Mail Home or Cell?)

If under 18 years old, name and phone number of parent(s) or legal guardian(s): Name: _____ Phone: _____

Employer/School: _____

Address: _____

May we contact you at work? Yes No Work Phone: _____

Please check your area(s) of interest:

Lessons*

Horse Care

Special Events & Public Relations

- Horse Leader
- Side-walking with a rider
- Instructor
- Ring Assistant
- Concierge
- Chore Support/Person
- Cleaning Stalls
- Cleaning Tack
- Assist with Horse Spa Days
- Finding/Assessing New Horses
- Finding New Homes for Retired Horses

- Newsletters
- Photography/Video
- Public Speaking
- Mailings
- Fundraisers
- Information Booths/Expos
- Volunteer Recruiter

Marketing & Advertising

General

Facility

- Graphic Designer
- Web Site Manager
- Newsletters
- Promotional Assistance
- Office Work/Administration
- Grant Writing
- Board/Advisory Board Member
- Committee Member
- General Maintenance
- Carpentry
- Plumbing
- Barn Clean Up Days

Do you have a special skill/talent that might be useful to TEC? Please explain:

** In these specific areas, volunteers must be 14 years old to help with riding lessons.*

When is your best availability to volunteer? Weekdays Weekends Flexible
Are you able to commit to a regular scheduled lesson time? Yes No
Are you available only on a sub or on-call basis? Yes No



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Volunteer Questionnaire (Please Print Clearly)

We would like to get to know you better. Please answer these questions briefly and to the best of your ability.

1. How did you hear about TEC? If you were referred by someone from TEC, please tell us who.
2. Please explain why you want to become a Therapeutic Equestrian Center volunteer.
3. What do you hope to gain from this experience?
4. Have you been involved with therapeutic riding programs in the past?* <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have previous experience with people who have disabilities?* <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have previous experience with horses?* <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you owned and/or cared for your own horse(s)?* <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Please list type of horse/special needs training and years of experience, including your experience in relation to the questions above marked with an *. (If you need additional space, please use the backside.)
9. Are you willing to take classes to increase your knowledge? <input type="checkbox"/> Yes <input type="checkbox"/> No

I have read the Therapeutic Equestrian Center's Volunteer Handbook (which can be found at www.tecfarm.org) and all my questions regarding its contents have been answered to my satisfaction. I agree to adhere to all policies contained in the Volunteer Handbook.

By signing below, I am stating all information provided above is accurate and truthful. I understand that any false statements may affect my ability to volunteer at the Therapeutic Equestrian Center. I understand that my forms must be reviewed, updated, or renewed on an annual basis.

_____ <i>Written Name of Volunteer</i>	_____ <i>Written Name of Parent/Legal Guardian (if applicable)</i>
_____ <i>Signature of Volunteer</i>	_____ <i>Signature of Parent/Legal Guardian (if applicable)</i>

Date: _____



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Volunteer Authorization for Emergency Medical Treatment (please print clearly)

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Do you have health insurance? Yes No

Physician Name: _____

Preferred Medical Facility: _____

Health Insurance Company Name (this includes **MEDICAID** coverage): _____

Health Insurance Company Phone Number (this includes **MEDICAID** coverage): _____

Policy Holder Name: _____

Policy #: _____

Allergies to Medicine: _____

Other Allergies: _____

Current Medications: _____

Height: _____ Weight: _____

In case of emergency, who should we contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

By signing below, I am stating all information provided above is accurate and truthful. I understand that any false statements may affect my ability to receive medical treatment in case of emergency while volunteering for the Therapeutic Equestrian Center.

Written Name of Volunteer | Written Name of Parent/Legal Guardian (if applicable)

Signature of Volunteer | Signature of Parent/Legal Guardian (if applicable)

Date: _____



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Volunteer Release Form & Liability Waiver

Please fill in the appropriate name on the line below and sign at the bottom to confirm you have read and understand the stated release and liability waiver.

PARTICIPANT CONSENT, RELEASE, AND INDEMNIFICATION AGREEMENT

I, _____ the volunteer or I/We, the parent(s)/legal guardian(s) of minor child or dependent adult of _____ (volunteer's name), do hereby consent to and assume the unavoidable risks inherent in all horse-related activities of said volunteer's partaking in the therapeutic riding (horsemanship) program and other equine-assisted activities hosted by Therapeutic Equestrian Center, Inc., at the Jane M. Hiler Facility at 1207 E. Galien-Buchanan Road, Buchanan (MI), and/or other locations of TEC-related activities. I acknowledge and I understand that despite reasonable safety precautions, horsemanship experiences can result in injury and possibly death. I also acknowledge my understanding that there are no assurances that said participant will receive physical or psychological benefits from participation in said program and I understand that the ordinary risks associated with horseback riding are increased by virtue of said participant's disability.

I understand that *UNDER THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF THE EQUINE ACTIVITY.* I also understand that, in the event of any accident that might occur NO LIABILITY can be accepted by any organization concerned, including the Therapeutic Equestrian Center, its agents or assigns. In consideration, therefore, for the privilege of riding and/or working around horses at the Therapeutic Equestrian Center, the Undersigned does hereby agree to hold harmless and indemnify Therapeutic Equestrian Center, and further release it from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or to any horse owned by the Undersigned, or to any family member or spectator accompanying the Undersigned on the premises.

For and in consideration of the agreement of Therapeutic Equestrian Center, Inc. to provide equine activities to the aforesaid participant, I do hereby forever release, acquit, discharge, and hold harmless the Therapeutic Equestrian Center, its officers, directors, agents, employees, instructors, representatives, and any therapists, volunteers, and other persons associated with said program and the successors and assigns of each of them from all manner of claims, demands, and damages of every kind and nature whatsoever which I or the aforesaid participant may now or in the future have against the Therapeutic Equestrian Center, its officers, directors, agents, employees, instructors, representatives and any therapists, volunteers and other persons associated with said program, and the successors and assigns of each of them on account of any personal injuries, physical or mental condition, known or unknown, to the person of the aforesaid participant, and the treatment thereof, as a result of, or in any way growing out of the acts or omissions of said parties in connection with said services or in any way incidental thereto.

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MARKETING, SOCIAL MEDIA & ADVERTISING PHOTO/IMAGE/VIDEO RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to the Therapeutic Equestrian Center permission to take or have taken, still and moving photographs and films including television pictures of myself/son/daughter/ward and/or pictures of parents/guardians/siblings. I consent and authorize the Therapeutic Equestrian Center, its advertising agencies, news media, and any other persons interested in the Therapeutic Equestrian Center and its work, to use and reproduce the photographs, films, and pictures to circulate and publicize the same by all means including without limitation the generality of the foregoing: newspapers, television media, social media, brochures, pamphlets, instructional materials, books, and clinical material. I understand that the Therapeutic Equestrian Center is the owner of such photographs or films. No inducements or promises have been made to me to secure my signature to this release other than the intention of the Therapeutic Equestrian Center to use or be used such photographs, films, and pictures for the primary purpose of promoting and aiding the Therapeutic Equestrian Center and its work.

Your signature below indicates that you have read, understand, and given consent to all segments of this document.

Volunteer
Signature: _____ **Date:** _____

Parent(s)/Legal
Guardian(s) Signature: _____ **Date:** _____
(If participant is a minor child or a dependent adult.)