

Leigh Ann's Horses for Attachment
315 Mariposa Lane| Woodbury, TN 37190
Phone: (615)765-7124 Fax (615)563-6546

Dear Volunteer Applicant:

Thank you for your interest in becoming a volunteer for LAHA. Please find enclosed a volunteer job description and the form to fill out to become one of our volunteers. Please be sure to fill in the times you are available, and write in how many hours per week you are interested in volunteering (this is up to you, we appreciate any time that you are willing to give!) If the activity in which you are interested in not listed, please write it in. Volunteer training sessions are scheduled periodically as new volunteers apply.

Classes are currently scheduled on Saturday mornings, and Tuesday, Wednesday and Thursday evenings. Volunteers are needed to work Saturdays from 10:00 a.m. to 12:30 p.m., and Tuesdays, Wednesdays or Thursdays from 5:30 p.m. to 7:00 p.m. We will not ask you to work more than one day a week unless you request to do so.

After a two-hour training session, you will then be assigned to a regular schedule. Please return your completed forms to the above address, or you may bring them with you to the Volunteer Training, or fax: 615-563-6546. You will be contacted to confirm your schedule.

Class sessions run for 8 weeks at a time. You are invited to participate as a volunteer for as long as your schedule allows, but we do ask that you commit to at least 8 weeks.

If you have any questions, please call our office at 765-7124 or email:
codirector@leighannshorses.org.

LAHA is a non-profit agency that relies totally on volunteer and community support. Your willingness to give of your time so that a child may ride is very much appreciated.

Sincerely,

Christie Fisk,

Co-Director

LAHA

Volunteer Job Descriptions

NOTE: Although some positions are noted to have preferable experience, training is provided for all interested volunteers and lack of experience is not exclusive.

Working during sessions:

1. Leader - Responsible for maintaining control of horse during riding sessions and following directions of riding instructor. Also assists in saddling and unsaddling assigned horses, and grooming. (Experience with horses a definite advantage.)

2. Side Walker - Assists assigned student to mount and dismount for riding session. Walks beside horse during sessions to monitor or help support student while he/she is mounted. Will help rider's maintain balance instrumental in student's safe removal from horse if an emergency dismount is necessary. (Extremely responsible position - volunteer must be in reasonably good physical condition.)

3. Ring Assistant - Helps set up games and equipment before or during riding session. Assists riding instructor in conducting exercises or games for students during sessions. Helps to dismantle and put up equipment after session.

Working off session:

1. Horse care - volunteers with horse experience are needed to help trim manes/tails/whiskers on a monthly basis, to curry, brush, and pick hooves for each horse on a weekly basis and to assist with feeding and barn cleaning.

2. Facility Maintenance Team - The Facility Manager will need help with trimming weeds, helping to pick up trash on facility grounds, and for those really ambitious volunteers, helping to repair or maintain fencing, stall boards, helping to spray for insects, clean feed bins, etc. Also, periodic stacking of hay bales into loft, cleaning saddles, bridles, grooming equipment, repairing equipment used during sessions, and cleaning water tanks. The Facility Manager will head up a team of volunteers each Saturday to complete these tasks.

3. Special Projects:

A. New fencing

B. Raking and smoothing sand in ring periodically.

C. Barn painting.

D. Painting barrels used during sessions.

E. (For experienced horse people) Working school horses during off-session time for training with new game or course or to keep them from getting "ring sour."

F. Clearing debris from pasture.

4. Special Events - The facility participates in special events either on-site or at the site of another organization-sponsored event. These events are either to allow our students to participate in another program's activities or for fundraising and community education. There is always a need for extra volunteers to help with these events. If volunteers have friends or family members that would like to participate in a single event, they do not have to be regular program volunteers and are welcome.

5. Committee members - There are several committees that oversee special projects such as fundraisers and public relations events, production of a newsletter, keeping photographic files, medical review, program policy and student affairs. If you are interested in one of these areas, please contact the office for a committee chair contact.

VOLUNTEER INFORMATION FORM

Name: _____

Email: _____

Date of Birth: _____ Home Phone: _____

Address: _____ City _____
State _____ Zip _____

Work Address: _____ City: _____
State _____ Zip _____

Work Phone: _____ Cell: _____

Parent/Guardian Name and Address (if applicable)

If student, name of school: _____

How did you learn about LAHA: _____

Check which areas you are interested in:

Program Volunteer Competition Administration

Leading a horse___ Horse Show___ Committees: Side walking with a student___

Ride-A-Thon___ Fundraising___ Stable assistance___ Special Olympics___

Volunteer Recruitment___ Ring Assistant___ Program Development___

Photography/Video___ Community Education ___

Times Available:

Monday: _____ Tuesday: _____ Thursday: _____ Friday: _____

Saturday: _____

Weekly_____ Bi-Weekly_____ Monthly_____

Available for Special Events: _____

PHOTO RELEASE:

I consent to and authorize the use and reproduction by LAHA of any and all photographs and audio-visual materials in which I may appear, for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Date: _____

Signature: _____

VOLUNTEER LIABILITY RELEASE:

As a volunteer at LAHA, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to me and the clients with whom I work are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against LAHA, its board of directors, instructors, therapists, volunteers, contributors and /or employees for any and all injuries and/or losses I may sustain while participating with LAHA.

DATE: _____

Signature: _____

VOLUNTEER'S AUTHORIZATION FOR EMERGENCY

MEDICAL TREATMENT FORM

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize LAHA to secure and retain medical treatment and transportation if needed.

Volunteer's Name: _____

Phone: _____ Cell _____

Address: _____

Contact in an Emergency: Name: _____

Phone: _____ Cell _____

Name: _____ Phone: _____

Physician's Name: _____

Phone: _____

Preferred Medical Facility:

Health Insurance Company: _____

Policy #: (Write in or attach copy of card):

Allergies: _____

Current Medications: _____

(Above information is for medical facility use only)

Choose one of the following:

CONSENT PLAN

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person below is unable to make their own determination or is a minor.

Date: _____ Consent Signature: _____

Print Name: _____

Address: _____

Phone: _____ Cell _____

(Volunteer, Parent or Guardian)

NON-CONSENT PLAN

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

Date: _____ Non-Consent Signature: _____

Print Name: _____

Address: _____

Phone: _____ Cell _____

PLEASE LIST THREE PERSONAL REFERENCES WHO ARE WILLING TO PROVIDE A WRITTEN RECOMMENDATION.

(At least one must be someone other than a friend or co-worker. For example: employer, clergy, teacher, counselor, professional colleague.) Reference forms will be sent to the individuals listed.

1. NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ Cell _____

2.

NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ Cell _____

3.

NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ Cell _____

Please Return forms back to:

315 Mariposa Lane
Woodbury, TN 37190