



Thank you for your interest in volunteering at Hidden Acres Therapeutic Riding Center!

About Hidden Acres...

Founded in 2008, Hidden Acres Therapeutic Riding Center is a non-profit volunteer supported organization dedicated to providing the benefits of therapeutic riding and equine assisted activities to children and adults with special needs. Hidden Acres is situated on 45 beautiful acres in Naugatuck, Connecticut, and operates weekdays and Saturdays year-round.

Our Volunteers

Hidden Acres volunteers are the heart of our program. As part of the therapeutic riding team, they provide support as sidewalkers and horse leaders and also assist with horse and stable care, unmounted activities and special events.

Benefits of Volunteering

There are many benefits to volunteering including – enjoying a positive and supportive environment, learning new skills working with horses and individuals with special needs, exploring career opportunities, building school and work resumes, and most importantly, the great feeling you get when giving back to others in your community. We provide our volunteers with many learning opportunities including – free training and enrichment programs, and also a discount on our Community Riding Lesson program.

Becoming a Program Volunteer

Program volunteers assist with our therapeutic activities. Experience is not required to begin as a sidewalker; training is provided. Volunteers should be over the age of 14 years and be in good health as the riding program volunteer roles involve a moderate level of physical activity. Volunteers should also be able to commit a minimum of one hour a week, preferably the same day and time each week. The Horse Leader and Unmounted Horsemanship Coach roles require horse experience, which may be gained over time by volunteering at Hidden Acres.

Orientation & Training

Once you have completed and returned your volunteer paperwork, you will be contacted by Hidden Acres to schedule your Orientation & Training session, which is approximately 3 hours long. During the orientation and training we will review program policies and procedures, review working with individuals with special needs and horses, and we'll do some hands-on practice of the volunteer roles. We generally train program volunteers to begin as sidewalkers, with opportunities to explore and train for additional roles in the future. For the training, please arrive 15 minutes early, wear sturdy boots or shoes and dress weather appropriate as some of the training will be conducted outdoors.

Volunteer Schedule

Once you have completed the Orientation & Training session, Hidden Acres staff will contact you to confirm your volunteer schedule for the upcoming semester.

Thank you...

We greatly appreciate your interest in volunteering! We look forward to having you part of the Hidden Acres family and will strive to make it an experience you will enjoy.

Questions? Please contact us at Hiddenacres2@gmail.com or call 203-723-0633

Please return completed form to: Hidden Acres Therapeutic Riding, PO Box 1879, Naugatuck, CT 06770

HIDDEN ACRES THERAPEUTIC RIDING
VOLUNTEER APPLICATION & RELEASE FORM

PLEASE PRINT CLEARLY

NAME _____ DATE OF BIRTH ____/____/____ AGE _____

Check one: Miss. Ms. Mrs. Mr. HEIGHT: _____ NAME OF SPOUSE _____

ADDRESS _____ Email: _____

CITY _____ STATE _____ ZIP _____

HOME PH: _____ WORK PH: _____ CELL PH _____

MOST RECENT EMPLOYMENT/SCHOOL _____ Occupation: _____

PARENT/GUARDIAN NAME _____ PHONE _____
(for volunteers under 18 years of age)

Reason for volunteering: ____ personal fulfillment ____ school requirement ____ court required community service

How did you hear about us? Friend Relative Newspaper Flyer Internet Other

Reference Name (non relative) _____ Phone _____

Please indicate your experience:

- Do you have horse experience: _____
- Experience with individuals with disabilities: _____

Volunteer Interests:

Lesson Program Volunteer. I am interested in assisting with mounted & unmounted horse activities including the following:

____ Sidewalking Riders ____ Horse Leading (must have horse experience) ____ Unmounted Horsemanship

Caring for Stable & Farm: ____ Cleaning Paddocks ____ General Maintenance & Repairs Fundraising _____

Do you have specific skills or professional experience that would benefit Hidden Acres? ____ Photo/Video ____ Technology _____
Marketing/Graphic Design ____ Fundraising/Grant Writing Other? _____

Volunteer Availability. Please indicate below the days/times you are available to volunteer on a regular weekly basis. Your actual volunteer schedule will be arranged following your volunteer training.

Please check the days you are available. Mon ____ Tue ____ Wed ____ Thu ____ Fri ____ Sat ____ Sun ____

Weekday Mornings (indicate time available) _____ **Weekday** Afternoons (indicate time available) _____

Weekend Mornings (indicate time available) _____ **Weekend** Afternoons(indicate time available) _____

In addition to my regular schedule, I would available to be a substitute if needed. _____

CONFIDENTIALITY POLICY Hidden Acres places 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, e-mails, etc., as well as the non-public business records of Hidden Acres. 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 Hidden Acres staff. I have read and understand the Hidden Acres Confidentiality Policy and agree to abide by same.

Date: _____ Signature _____/_____

If volunteer is under 18 years of age, both parent & volunteer signatures are required.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR VOLUNTEERS

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize Hidden Acres to: secure and retain medical treatment and transportation, and if needed release records upon request to the authorized individual or agency involved in the medical emergency treatment.

In case of Emergency, contact: _____ Phone _____

Physician's Name: _____ Town: _____ Phone _____

Preferred Medical Facility: _____ Health Insurance Carrier: _____ Policy #: _____

Please indicate any medical conditions/limitations, medications, allergies or disabilities that may affect your volunteer role, with reasonable accommodations, that we should be aware of _____

CONSENT PLAN (to be invoked in the event that your Emergency Contact cannot be reached.) 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 of illness or injury while on the property of the agency.*

Date: _____ Consent Signature _____
(For volunteers under 18 years of age, both parent & volunteer signatures are required)

* If you choose non-consent for emergency medical treatment/aid in the event of illness or injury while on the property of the agency, please request a Non-Consent Form, which requires notarization.

PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING:

Photo & Publicity Release: ___ I hereby consent to and authorize the following; ___ I do not consent to, nor do I authorize Hidden Acres Therapeutic Riding Center may use my(my child's) photograph or image in its print, online and video publications; release Hidden Acres , its employees and any outside third parties from all liabilities or claims that I might assert in connection with the above-described activities and I 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). **Volunteers must seek staff permission before taking any pictures or videos.**

Liability Release: I acknowledge the risks and potential for risks of horseback riding and working with horses, including grievous bodily harm. However, I feel that the possible benefits to myself are greater than the risks 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 Hidden Acres Therapeutic Riding Center, its Board of Directors, Volunteers, and/or Employees for any and all injuries and/or losses I may sustain while participating as a Hidden Acres volunteer from whatever cause including, but not limited to, the negligence of these related parties. The undersigned acknowledges that he/she has read this Volunteer Registration & Release form in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

Date: _____ Signature _____
(For volunteers under 18 years of age, both parent & volunteer signatures are required.)

Volunteers 18 years and older please complete the section below.

Please attach a copy of your driver's license or other photo ID. If not submitted please indicate reason: _____
Have you ever been convicted of a criminal offense or have a conviction pending including any misdemeanors? ___ Yes ___ No
If yes, when? _____ Please explain nature of offense _____

I understand that that Hidden Acres may perform background checks on adult volunteers. The information on my volunteer application will be verified, and I give permission to make inquiry of others concerning my suitability to act serve as a volunteer at Hidden Acres.
Signature _____ Date _____

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