



HAKU BALDWIN CENTER

"Where special people and animals come together."

HBCRiding@gmail.com

(808) 572-9129

444 Makawao Avenue, Makawao, HI 96768

THERAPEUTIC RIDING PROGRAM (TRP)

Director: SARAH LYONS

Assistant Director: CHRISSY STOUT

VOLUNTEER APPLICATION PACKET

Thank you for your interest in volunteering with the Therapeutic Riding Program at the Haku Baldwin Center. Our program is volunteer-based and currently funded by private donations, which allow us to provide our therapeutic services at no charge. We are a 501 (c)(3) non-profit organization.

MINIMUM AGE LIMIT: Volunteers aged 16 years and older are welcome to apply. Horse Leader position is open to volunteers aged 18 years and older.

1. When you have completed the forms, please scan/e-mail to HBCRiding@gmail.com, return to the office in person, or mail back to the address above, "ATTN: TRP Volunteer". You will then be contacted by our staff to schedule your first volunteer session.
2. All of the following forms must be completed. If any of these are missing from your packet, please let us know:
 - TRP Volunteer Application Form
 - Volunteer Assignment Agreement
 - General Rules for All Participants
 - Volunteer Privacy & Confidentiality Agreement
 - Sidewalker Rules
 - Authorization for Criminal History Record Check
 - Insurance Waiver
3. We have found that the riders benefit from getting to know their volunteers and having some consistency from session to session, therefore we ask for at least a three-month commitment from all volunteers but short term applicants will be considered as well.

Thank you for your interest in volunteering with us. On behalf of all the people and animals at HBC, we hope that you will get much enjoyment out of your investment of time and energy.

Aloha!

THERAPEUTIC RIDING PROGRAM (TRP)
VOLUNTEER APPLICATION FORM

Any medical information provided below will remain confidential.

Date of application: _____

Full Name

Cell Phone #

Age (*if under 18*)

Date of Birth (*if under 18*)

E-mail Address

Work/Home Phone #

Mailing Address – Number & Street

City

State

Zip Code

Emergency Contact Name, Phone #, Relationship to applicant:

1. Is it necessary to limit your physical activity in any way? Yes No

If yes, please explain: _____

2. List any medical problems or allergies that we should be aware of. (For example: Seizures, hearing impairment, vision impairment, diabetic, recent surgeries or injuries).

3. What experience have you had with animals? _____

4. What experience have you had with children or adults with special needs? _____

5. List any other skills or training you have which may be of benefit to our program:

6. How did you find out about the Haku Baldwin Center? _____

7. What day/s are you able to volunteer?

MONDAY: 1:45 – 4:45 pm

TUESDAY: 1:45 – 4:45 pm

For "Vacation Volunteers", please list the date/s you will be joining us: _____

VOLUNTEER ASSIGNMENT AGREEMENT

I, _____, agree to the following assignments:

- Side-walker
- Horse Leader (*all leaders must complete training sessions*)

I understand this includes the responsibility to:

1. Work a certain number of hours each week according to a schedule acceptable to the Center.
2. To become thoroughly familiar with the policies and procedures (written and verbal) set forth by the agency for volunteers.
3. To be prompt and reliable in reporting for my volunteer position.
4. Attend orientation and all training sessions the center deems necessary.
5. To respect the functions of the paid staff and contribute fully to a smooth working relationship.
6. To accept the Center's right to dismiss any volunteer for unsafe practices.
7. To maintain confidentiality.

In the therapeutic riding program, I _____,
agree to:

1. Groom and tack horses, if I am assigned to, on the work schedule.
2. Lead or side-walk in lessons I am assigned to according to policies.
3. To maintain a SAFE barn and environment.
4. To take horses out ONLY with permission from assigned instructor.
5. Call in or tell the instructor ahead of time if I will not be able to come at my assigned time.

Volunteer Signature

Date

General Rules for All Participants
(Please initial page 1, sign page 2)

HBC Bulletin Board

Please read daily for announcements and messages and our calendar of events.

First Aid Kit

Located in the feed room mounted on the right hand side of the wall.

Punctuality

We request that any rider or volunteer who cannot come in on their scheduled day to please notify the Haku Baldwin Center, the TRP Director, or the TRP Assistant Director. Due to the number of people involved in preparing for your arrival, your promptness is appreciated. If any rider or volunteer has three “no shows” without calling, we will have to request that you resign from the program.

Clothing

HBC riders and volunteers will be required to wear closed-toed shoes. Volunteers are encouraged to wear conservative style clothing, avoiding tank tops, 'spaghetti straps' or bare midriff tops. All Riders are required to wear a hard hat unless physical disability prevents it. All participants should avoid clothes that might flap in the wind and startle the horses.

Session Time

During all riding sessions, we request that parents and volunteers do not talk to the riders unless invited to by the instructor.

Noise & Disruptions

Please do not make any unnecessary noise or movements. Horses are easily startled. Children should be under **CONSTANT** supervision by a responsible adult before, during and after riding lessons, vaulting or therapy sessions. The instructor is only responsible for the rider during the scheduled lesson time. No running or climbing in or near the stable and arena areas. No games, toys, ball throwing, etc. All non-participating children and waiting adults should wait at the picnic table under the avocado tree or watch from the bleachers. This is **CRUCIAL** to the safety of the riders.

Personal Comfort

- a. The restroom is located in the tack room.
- b. A water fountain is located next to the barn office.

Parking

All volunteers and HBC riders that are ambulatory are asked to park in the parking area in front of the Barn/Arena and walk over to the riding area.

Application Forms and Waivers

All paperwork must be completed and returned before riding and volunteering sessions can begin.

Minimum Age Limits

The minimum age for volunteers is 16 years old. The Horse Leader position is open to volunteers aged 18 years and older. Those under 18 years (“Junior Volunteers”) are not allowed to retrieve horses from, or deliver horses to, pipe pens, stalls or pastures; no holding or leading of horses.

Initial here _____

Retrieving and Turning Out Horses

Only TRP instructors, barn staff and the most experienced horse leaders will be permitted to retrieve horses from pastures, stalls or pipe pens. No one is allowed to retrieve or turn out horses without first checking with an instructor.

This same rule also applies to turning out horses after sessions back into pastures, stalls, or pipe pens. All other Horse Leader Volunteers may (one per Instructor) accompany an Instructor during catching and turning horses loose.

Bridling/Unbridling Horses

An Instructor must be present and closely supervising all bridling and unbridling of horses to insure that it is done safely, correctly, and efficiently.

I have read the program rules as listed above.

Volunteer Signature

Date

HAKU BALDWIN CENTER - TRP

VOLUNTEER PRIVACY AND CONFIDENTIALITY AGREEMENT

What is HIPAA?

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) focuses on the privacy and security of health information. At HBC, we do follow these guidelines for the health information disclosed by riders, parents, and guardians.

How does the Privacy Rule affect me as a volunteer?

Volunteers are responsible to protect the privacy of the riders at all times. You are not permitted to talk about the riders or their sessions outside of the Center. You are not permitted to ask about a rider's disability or disorder.

What kind of personal information does the HIPAA Privacy Rule Cover?

HIPAA privacy requirements apply to protected health information in written, electronic, or oral form. Protected information includes:

- Name, address and phone numbers. Names of relatives and employers. Birth dates.
- Email addresses and fax numbers. Social security numbers. Medical record numbers.
- The past, present or future physical or mental condition of an individual. The provision of care to an individual. Past, present, or future payments for the provision of health care to an individual.

What can happen if privacy policies and procedures are violated?

Volunteers who violate the privacy policies may be asked to leave the program permanently. Civil penalties under HIPAA are currently \$100 per violation, up to \$25,000 for each requirement or prohibition violated. Criminal penalties can be applied for intentional violations.

SOME HELPFUL TIPS:

- **Any personal information you may be told, or happen to overhear, at the center must be kept private. Please do not talk about riders outside of the Center.**
- **There are ways to talk about our program without speaking specifically about a rider.**
- **If someone outside of the programs asks you about a certain rider, you cannot respond with any personal information, or even acknowledge that a certain rider is a participant in our therapeutic horseback riding program.**
- **You may be asked, "How is Joseph doing in the program?" You may respond, "All of the riders in our program are making progress, and we are very proud of them". If the person presses further, state that you are not permitted to talk about personal information.**
- **We encourage you to share your experiences with others outside of the Center, but urge you to follow these guidelines.**

I have read and understand the Volunteer Privacy and Confidentiality information, as listed above. I agree to the terms set before me. I understand that failure to follow these rules and terms may result in loss of volunteer privileges.

Volunteer Signature

Date

Staff Signature

Date

THERAPEUTIC RIDING PROGRAM – VOLUNTEERS

SIDE-WALKER RULES

1. **The side-walker is responsible solely for the rider**, and your primary goal is to assist the rider in maintaining balance.
2. **Listen carefully and follow the Instructor's direction.**
3. Stay alert. **Watch the rider, not the ground!**
4. **Avoid unnecessary talking.** Too much input from too many directions is very confusing for the riders. Please do not talk unless the Instructor asks you to do so.
5. When the instructor gives a direction, **allow the rider plenty of time to process and respond.** If they seem confused, you may then help them. (e.g. If the instructor says "Turn right..." and the rider seems confused, gently tap the rider's hand and say "right" to reinforce the command.) Only one volunteer may talk at a time.
6. Remember, the rider is playing the game, not the side-walkers.
7. If you have a suggestion or comment while side-walking, **please direct it to the Instructor, not the rider**, (e.g. do not ask the rider if they want take a trail ride. This is the Instructor's job.)
8. **Stay by the rider's knee.** Being too far forward or back will make it very difficult to assist with instructions or to provide security if the horse should trip or shy. **DO NOT leave the rider's side.**
9. **Trotting:** Rider should have both hands on surcingle, and body centered on horse. Use proper thigh hold as directed by Instructor.
10. At the walk or trot, if the rider starts to slip, please tell the Instructor and they will ask the Horse Leader to halt the horse and instructor will gently push the rider back into the correct centered position. Do not attempt to center the rider yourself unless directed by instructor.
11. The rider will often try to talk with you when he/she should be paying attention to the Instructor. Do not ignore direct questions but please make an effort to **channel the rider's attention to the instructor** at all times.
12. If you do not understand why you are assisting in a certain way, please ask.
13. If you feel that your rider needs to halt for safety's sake, please tell the Instructor. If the Instructor is busy and you feel it is imperative to halt, tell your leader. **Use common sense.**
14. If a rider has on a safety belt, even if he/she seems well balanced, be especially alert. A safety belt indicates possible balance problems or seizures.
15. **Know your limitations.** If you feel unable to safely sidewalk or perform an emergency dismount for a rider, please inform the instructor.

Dismounting:

Unless otherwise specified, the instructor will dismount the riders. You will receive instructions on where to dismount. (Riders never dismount on the ramp.) Throughout the dismounting procedure, the Horse Leader's primary responsibility is to keep the horse quiet and still. If the rider is able to dismount without the instructor's assistance then the Side Walkers are there to watch and be sure that the rider does not fall. Please keep talking to a minimum and assist rider only when necessary.

Emergency Dismount/Safety Dismount: If the leader or instructor asks for an emergency dismount, the side-walker on the LEFT SIDE will wrap their arms around the rider's waist and ask the rider to let go of reins. If the rider is unable to communicate, the other side walker should clear the hands. The rider is then pulled off the horse and moved to safety. Horse Leader will direct the horse away from the scene. Instructor will attend to rider. Remain calm at all times.

**EQUINE RIDING and / or DRIVING and / or TRAINING INSTRUCTION AGREEMENT,
LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT [FOR INDIVIDUALS]**

STABLE NAME, hereinafter known as "THIS STABLE."

Location or Address of THIS STABLE

READ CAREFULLY AND COMPLETE ALL SECTIONS BEFORE SIGNING.

A. **REGISTRATION OF STUDENT AND AGREEMENT PURPOSE** I, the following listed individual, and the parents or legal guardians thereof if a minor, do hereby voluntarily agree to participate in equine related instruction as a student of THIS STABLE, and that I will either utilize my own horse or school horses provided by THIS STABLE for instruction purposes.

STUDENT NAME (PLEASE PRINT NAME)	AGE (If under 18)	WEIGHT Over 240#?	HORSE HANDLING / RIDING EXPERIENCE (Check one that applies)
1. _____	2. Age _____ 3. Date of Birth _____	4. _____ YES _____ NO	5. _____ BEGINNER (under 10 hours) _____ OVER 10 HOURS
6. Does this student have any physical or mental condition(s), which may affect his / her safety and ability to ride, drive and / or train a horse? Yes No (Circle One)			
7. If you circled "YES," how can we help this student with his / her special needs?			
8. MEDICAL INSURANCE I / WE AGREE THAT: Should medical treatment be required, I and / or my medical insurance company <u>shall pay</u> for ALL such incurred expenses. → My medical insurance company is _____ My policy number is _____ <input type="checkbox"/> I do not carry medical insurance.			

B. **AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS** This agreement shall be legally binding upon me the registered student, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county of THIS STABLE'S physical location. This agreement is intended to be valid and binding at all times now and in the future when THIS STABLE permits me (directly or indirectly) to enter THIS STABLE'S property, be on THIS STABLE'S property, be near any horse, receive riding and / or driving and / or training instruction or guidance from its associates and / or when I ride and / or drive and / or train and / or am near horses on or off of THIS STABLE'S property. Any disputes by the rider shall be litigated in, and venue shall be the county in which THIS STABLE is physically located. This agreement is intended to be as broad and inclusive as the law permits. If any clause, phrase, or word is in conflict with state law, then that single part is null and void. The terms "HORSE" and "EQUINE" herein shall refer to all equine species. The terms "I", "WE", "ME", "MY" shall herein refer to the above registered student and the parents or legal guardians thereof if a minor.

C. **INHERENT RISKS / ASSUMPTION OF RISKS** I / WE ACKNOWLEDGE THAT: Risks, conditions, and dangers are inherent in (meaning an integral part of) horse / equine / animal activities, regardless of all feasible safety measures which can be taken, and I agree to assume them. The inherent risks include, but are not limited to any of the following: The propensity of an animal to behave in ways that may result in injury, harm, death, or loss to persons on or around the animal; The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; Hazards, including, but not limited to, surface or subsurface conditions; A collision, encounter and / or confrontation with another equine, another animal, a person, or an object; The potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons, including but not limited to, failing to maintain control over an equine and / or failing to act within the ability of the participant. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of from 3 1/2 to 5 1/2 feet, and the impact may result in harm to the rider. Horseback riding, driving and training are activities in which one much smaller, weaker predator animal (the human) tries to impose its will on, and become one unit of movement with, another much larger, stronger prey animal that has a mind of its own (the horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short; Spinning around; Changing directions and / or speed at will; Shifting its weight; Bucking; Rearing; Kicking; Biting; and / or Running from danger. I also acknowledge that these are just some of the risks and I agree to assume others not mentioned above. I am not relying on THIS STABLE to list all possible risks for me.

D. **CONDITIONS OF NATURE WARNING, UNFAMILIAR AND SUDDEN SIGHTS, SOUNDS AND MOVEMENTS WARNING, AND INSPECTION OF PREMISES** I / WE ACKNOWLEDGE THAT: THIS STABLE is NOT responsible for total or partial acts, occurrences, or elements of nature and / or sudden and / or unfamiliar sights, sounds and / or sudden movements that can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: Thunder, lightening, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape. I also understand that these are just some of the risks and I agree to assume others not mentioned above. I am not relying on THIS STABLE to list all possible conditions for me. The student and parent or legal guardian have inspected THIS STABLE'S facilities and are satisfied that all premise conditions are reasonably safe for this student's intended purpose, usage and presence upon THIS STABLE'S premises.

E. **SADDLE GIRTHS / NATURAL LOOSENING WARNING** I / WE ACKNOWLEDGE THAT: Saddle girths (fastener straps around horse's belly) may loosen during riding. Students must alert the instructor or attendant of any girth looseness so action can be taken to avoid slippage of saddle and the potential for the rider to fall from the horse.

F. **PROTECTIVE HEADGEAR / HELMET WARNING** I / WE AGREE THAT: I for myself and on behalf of my child and / or legal ward have been fully warned and advised by THIS STABLE that protective headgear / helmet, which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, should be worn while riding and / or driving and / or training and / or being near horses, and I understand that the wearing of such headgear / helmet at these times may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences. I am not relying on THIS STABLE and / or its associates to provide a certified helmet for me or to check any headgear / helmet or headgear / helmet strap that I may wear, or to monitor my compliance with this suggestion at any time now or in the future.

G. **LIABILITY RELEASE** I / WE AGREE THAT: In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I, the STUDENT, for myself and on behalf of my child and / or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge THIS STABLE, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and Insurers, and others acting on their behalf (hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to THIS STABLE'S and / or ITS ASSOCIATE'S ordinary negligence or legal liability; and I do further agree that except in the event of THIS STABLE'S gross negligence and / or willful and / or wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against THIS STABLE and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury and / or death and / or property damage, sustained by me and / or my minor child or legal ward in relation to the premises and operations of THIS STABLE, to include while riding, driving, training, handling, or otherwise being near horses owned by me or owned by THIS STABLE, or in the care, custody or control of THIS STABLE, whether on or off the premises of THIS STABLE, but not limited to being on THIS STABLE'S premises.

H. **EQUINE ACTIVITY LIABILITY ACT (EALA) WARNING OR LANGUAGE:** [This clause applies only for operations located in these states: AL, AZ, CO, DE, FL, GA, IL, IA, IN, KY, KS, LA, ME, MA, MI, MS, MO, NE, NC, OH, OK, OR, PA, RI, SC, SD, TX, TN, UT, VA, VT, WV, and WI.] I / WE acknowledge that I have reviewed this state's EQUINE ACTIVITY LIABILITY ACT WARNING OR LANGUAGE, a copy of which is attached hereto and incorporated as if fully set forth herein. **INSTRUCTION TO SIGNERS: DO NOT SIGN UNLESS A COPY OF THE EALA WARNING OR LANGUAGE IS ATTACHED TO THIS AGREEMENT.**

All Students and Parents or Legal Guardians must sign below after reading this entire document.

SIGNER STATEMENT OF AWARENESS

I / WE, THE UNDERSIGNED, REPRESENT THAT I / WE HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT, I / WE UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM GIVING UP RIGHTS TO SUE TODAY AND IN THE FUTURE. I / WE ATTEST THAT ALL FACTS ARE TRUE AND ACCURATE. I AM SIGNING THIS WHILE OF SOUND MIND AND NOT SUFFERING FROM SHOCK, OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICANTS.

SIGNATURE OF STUDENT (Spouses must sign for themselves.)

DATE

SIGNATURE OF PARENT, GUARDIAN AND / OR SPOUSE # 1

DATE

SIGNATURE OF PARENT, GUARDIAN AND / OR SPOUSE # 2

DATE

Address in Full

Home Phone #

Bus. Phone #

PERSON TO CONTACT IN CASE OF EMERGENCY

RELATIONSHIP TO STUDENT

PHONE NUMBER