



Dear Potential Volunteer,

Thank you for your interest in volunteering with Great Plains Adaptive Riding Academy (Great Plains). Founded in 2012, Great Plains' (formerly Due West TRC) mission is partnering with the community by teaching foundational riding skills improving rider's physical and emotional well-being. Through equine adaptive riding, riders will learn horsemanship skills, gain body strength, coordination and flexibility, improve social and emotional skills and grow their confidence and self-esteem.

Great Plains is a member center of Professional Association of Therapeutic Horsemanship International (PATH) an internationally recognized as a top credentialing and accrediting entity for therapeutic riding facilities and their instructors.

Great Plains Adaptive Riding Academy is a non-profit organization whose success depends not only on financial contributions from our community but also on the countless hours of hard work provided by our dedicated volunteers. The following are ways volunteers can contribute to GPARA.

- Assisting with our lesson program, as either a horse leader or a sidewalker
- Assisting with fundraising and events
- Assisting with bringing in & turning out horses and barn chores
- Assisting with community outreach, marketing, graphic design and grant writing
- Assisting with administrative duties

Please complete the attached volunteer application. Once completed, please email the forms to lessons@GreatPlainsARA.org Our Volunteer Coordinator will contact you to schedule your volunteer orientation training.

Thank you for your interest in volunteering. We are looking forward to hearing from you soon!

Great Plains' Volunteer Team



2023 Volunteer Application

Great Plains Adaptive Riding Academy

PLEASE PRINT CLEARLY

Today's Date _____

Legal Name: _____ Gender Pronouns _____

Email: _____ Cell: _____

Address: _____

Employer: _____ Title: _____

Birthdate: _____ **must be at least 16 years of age

VOLUNTEER AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If emergency medical services are required due to illness or injury during the process of volunteering or while on the property at Great Plains Adaptive Riding Academy, I authorize Great Plains to call 911 as needed.

In Case of emergency notify: _____ Phone: _____

Physician: _____ Phone: _____

Preferred Medical Facility if viable: _____

Medical Conditions Requiring Attention: _____

Medications/Dosage/Allergies: _____

Insurance Carrier: _____ Policy Number: _____

Signature of Volunteer: Parent/Guardian Signature (if under 18): _____

Date _____

*This form will be required to be filled out annually.



HANDBOOK

My signature indicates that I have read, understand and agree to the terms within the Great Plains Adaptive Riding Academy Volunteer Handbook.

Signature: _____ **Date:** _____

Volunteer

PHOTO RELEASE

- I DO
 DO NOT

Consent to and authorize the use and reproduction by Great Plains Adaptive Riding Academy of all photographs and any other audiovisual materials taken of me for promotional material, educational activities, exhibitions, or any other use for the benefit of the program.

Signature: _____ **Date:** _____

Volunteer

CONFIDENTIALITY

Great Plains Adaptive Riding Academy exercises high respect for all who participate in the equine assisted therapy program offered at its facility. Confidentiality regarding all information gathered about each rider is essential.

Staff and volunteers are involved in the assessment of skills and progress acquired by individual riders. This evaluative process is to be held in confidence. Information is considered privileged.

Discussion regarding individual riders outside of the Great Plains Adaptive Riding Academy environment is discouraged. When confidential information is used for professional purposes, every effort is made to conceal the identity of the individual being discussed.

My signature indicates that I have read and agree to abide by the above confidentiality statement.

Signature: _____ **Date:** _____

Volunteer



BACKGROUND INFORMATION

Have you ever been charged with or convicted of a crime? Yes No

Please explain. _____

I, _____ (volunteer), authorize Great Plains Adaptive Riding Academy to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals. I understand that such access is for the purpose of considering me as a volunteer and I expressly DO NOT authorize Great Plains Adaptive Riding Academy, its directors, officers, employees, or other volunteers to disseminate the information in any way to any other individual, group agency, organization, or corporation.

Signature: _____ *Volunteer* Date: _____

DO YOU HAVE A CURRENT DRIVER'S LICENSE? Yes No

License number: _____ State: _____



Assumption of Risk of Domestic Animal Activity Warning

Name of Participant _____

Under Kansas law, there is no liability for an injury to or the death of a participant in domestic animal activities resulting from the inherent risks of domestic animal activities, pursuant to K.S.A. 60-4001 through 60-4004. You are assuming the risk of participating in this domestic activity.

Inherent risks of domestic animal activities include, but shall not be limited to:

1. The propensity of a domestic animal to behave in ways, i.e., running, bucking, biting, kicking, shying, rearing, falling or stepping on, that may result in an injury, harm or death to a person on or around them;
2. The unpredictability of a domestic animal's reaction to such things such as sounds, sudden movement and unfamiliar objects, persons or other animals;
3. Certain hazards such as surface and subsurface conditions;
4. Collisions with other domestic animals or objections; and
5. The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the domestic animal or not acting within such participant's ability.
6. "Participant" means any person who engages in a domestic animal activity.

I acknowledge the potential for risk of horseback riding and working with horses. However, I feel that the possible benefits for myself, son, daughter, and/or ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself legally heirs and their assigns, executors or administrators, waive and forever release all claims for damages or otherwise against Great Plains Adaptive Riding Academy, its Board of Directors, Officers, Instructors, Therapists, Aides, Volunteers and or employees, any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating at Great Plains Adaptive Riding Academy.

Yes, I would like the above person named to participate in an equestrian program at Great Plains Adaptive Riding Academy. All activities will be under supervision, and reasonable effort will be made to avoid any accident, Great Plains Adaptive Riding Academy will have no Liability in the event an accident may occur.

Signature _____ Date: _____
Rider, Volunteer, Parent/Guardian/Staff

VOLUNTEER BACKGROUND SCREENING



Great Plains Adaptive Riding Academy requires all volunteers age 18 and older to undergo a background screening conducted by Background Info USA. The screening cost is \$12.00, to be paid by each volunteer.

Once Great Plains Adaptive Riding Academy receives your signed Volunteer Application, Great Plains will provide the volunteer's name and email address to Background Info USA. They will then email the volunteer directly to collect the information and consent for the background screening. Please respond to this email quickly so Great Plains can receive the screening results and you can begin your volunteering session. **The form must be completed on a computer, not a tablet or phone.**

The screening includes a National Criminal Search and National Sex Offender Search.

The results of the screening will be reported to the Great Plains Board of Directors.

- I consent to have a background screening performed and the results reported to Great Plains Adaptive Riding Academy.
- I DO NOT consent to have a background screening performed and the results reported to Great Plains Adaptive Riding Academy and I understand this disqualifies me from volunteering.
- I am under 18 years of age.

Volunteer Signature: (Parent/Guardian if under 18) _____

Date _____

Volunteer Name _____

Email address for Background Info USA to send form _____



Volunteer Scheduling Information Sheet

PLEASE PRINT CLEARLY

Name: _____

Cell Number: _____

Email Address: _____

Each lesson is one hour and starts on the top of the hour unless otherwise noted.

The signups indicate that lessons overlap – you are welcome to sign up for back-to-back lessons even though on the signup.com they overlap. We typically have enough help to untack the lessons coming out.

Volunteers need to arrive at least 15 minutes prior to the lesson to help groom and tack horses and will stay 10-15 minutes after the lesson to untack, brush, and turn out horses

We are using an online Signup System – Signup.com. It is imperative that we have a current email address for you so you can receive the information to sign up for volunteer time slots.

If at anytime you do not wish to continue volunteering with Great Plains, please let the Volunteer Coordinator know and we will be glad to remove you from the database. It's important for us to have an accurate count of active volunteers. No hard feelings if it doesn't work out!

Additional communication is typically by text or email.