



2023

P.O.Box 395, Shrewsbury, VT 05738 – 802-236-2483
Located at 892 Tarbellville Rd., Belmont, VT

Volunteer/Staff: General Information

Volunteers must be 14 years or older/Parent or Guardian signature required for anyone under 18

Please **PRINT** clearly

NAME _____

Address _____ City/State/ZIP _____

PHONE (H) _____ (Cell) _____

E-MAIL _____

How long have you lived in Vermont? _____ Are you here Year-round _____ If not, do you have a second address? Please share it here: _____

Employer/School/Retired _____ Address _____

Parent/Legal Guardian (If under 18) _____

Address (if different from above): _____ City/State/Zip _____

PHONE (H) _____ (Cell) _____ E-MAIL _____

Are You Fulfilling a Community Service Requirement? ____ If Yes, for which school or agency _____

How did you hear about Reinbow Riding Center? _____

Current Driver's License? NO ____ YES ____ LICENSE # _____ State ____

VOLUNTEER OPPORTUNITIES ARE NOT LIMITED -- YOU DO NOT NEED HORSE EXPERIENCE TO VOLUNTEER

Please tell us more about yourself. Are you able to jog next to the horse? ____ Yes ____ No. Walk on uneven ground and up and down hills ____ Yes ____ No (if not this is not a limiting factor)

Previous horse experience? ____ Yes ____ No If yes please explain:

Please indicate below the days and hours you would be available to volunteer at Reinbow Riding. We are flexible with scheduling and will work to find a good fit.

Available Times	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
9:00-11:00						
11:00-1:00						
1:00-3:00						
3:00-5:00						

Your additional comments about scheduling. i.e. conflicts, vacations or dates you may need free, etc.



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VOLUNTEER OPPORTUNITIES – Please check any you might like to help with:

Preferences: _____ Horse Leader _____ Side-walker _____ Hosting _____ Lesson Prep & Set-Up

Additional Opportunities (check all that apply):

Dust Busters _____ **Yard Hand/Posey Posse** _____ **Event Extras:** like Horse Shows _____ Special Olympics _____

Trail Rides _____ **Paper Jockeys:** _____ **Fundraising** _____ **Grant Writing** _____

Budget/Finance _____ **Future Planning** _____ **Writing/Editing** _____ **Video/Photography** _____

Public Relations _____ **Volunteer Recruitment** _____ **General Office Help** _____ **Other** _____

What talents, expertise or interests do you have that you might like to share with our program:

VOLUNTEER/ STAFF: HEALTH INFORMATION

HISTORY: To assist with your safety and the safety of our riders, please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Please address fitness, cardiac, bone, or joint function, recent hospitalization/surgeries, or lifestyle changes that might affect your endurance, and/or mobility, or would be important to know about in case of an emergency:

Please list any **medications** that you take that might be important for care providers to be alerted to in case of an accident or need for emergency care:

Please list any **allergies and allergies to medications** that you take that may be important for care providers to know about in case of an accident or need for emergency care:



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VOLUNTEER/STAFF: AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

NAME _____ DOB _____
Address _____ City/State/Zip _____
Phone (H) _____ (Cell) _____ E-mail _____
Physician's Name _____ Preferred Medical Facility _____
Health Insurance Co. _____ Policy# _____

IN CASE OF EMERGENCY CONTACT:

1st Name _____ Relationship _____
Phone (H) _____ (Cell) _____ Email _____
2nd Name _____ Relationship _____
Phone(H) _____ (Cell) _____ Email _____
3rd Name _____ Relationship _____
Phone(H) _____ (Cell) _____ Email _____

CONSENT PLAN: In the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering services or working for the Rainbow Riding Center, or while on the property I authorize Rainbow Riding Center to:

1. Secure and retain medical treatment and transportation if needed
2. Release volunteer records upon request of the authorized individual or agency involved in the medical emergency treatment.

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(s) above is unable to be reached.

SIGNATURE _____ **DATE** _____

PRINT NAME BELOW IF SIGNATURE ABOVE IS BY A PARENT OR GUARDIAN FOR A VOLUNTEER UNDER 18

_____ RELATIONSHIP _____

NON-CONSENT PLAN: I do not give my consent for emergency medical treatment/aid in case of illness or injury during the process of volunteering or working while being on the property of Rainbow Riding Center.

___ Parent or legal guardian will remain on site at all times during equine assisted activities.

___ In the event emergency treatment/aid is required I wish the following to take place:

SIGNATURE _____ **DATE** _____

PRINT NAME BELOW IF SIGNATURE ABOVE IS BY A PARENT OR GUARDIAN FOR A VOLUNTEER UNDER 18

_____ RELATIONSHIP _____



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VOLUNTEER/STAFF: ADDITIONAL RELEASES

Dear Reinbow Riding Center Volunteer/Staff,

We may request you be a part of a Reinbow Riding Center promotional press release. We appreciate your willingness to participate in aiding us to maintain the program through such promotions. For legal reasons we require that you understand and agree to the releases below by filling them out and signing them.

Sincerely,
Reinbow Riding Center

Name: _____ Date of Birth: _____ Age: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

RELEASES

I _____ **do** _____ **do not** consent to and/or authorize the use and reproduction by Reinbow Riding Center of any and all photographs and any other audio-visual materials taken of me/my son/my daughter/my ward for the promotional use, educational activities, and exhibitions or for any other use for the benefit of the program.

I _____ **do** _____ **do not** consent to and/or authorize photos to be posted on a Social Media page such as Facebook, Twitter, Instagram.

I _____ **do** _____ **do not** consent to and/or authorize the use of a quote to be used in promotional material and/or posted on a social media page.

Signature

Date

Signature of Parent or Guardian is Volunteer under 18.

Signature

Date



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Reinbow Riding Center CLIENT CONFIDENTIALITY

Those who work and volunteer at Reinbow Riding Center are legally bound to confidentiality. The principles which will be adhered to will include but not necessarily be limited to, the following:

- Clients will not be discussed with persons outside of the center unless the client or his/her parent has granted written permission. Additionally, clients will not be discussed with those involved with the Center that are not directly involved in a client's services.
- Clients will not be discussed in public places where there is a possibility of others overhearing the conversation.
- Volunteers will not take or share photographs without staff permission.
- All written information regarding clients will be securely maintained and may not be disclosed without written parent consent or client consent if the client is eighteen years of age or older. Information about clients will not be given out over the phone without specific written permission.
- Any information about clients acquired by service providers will be kept in the strictest confidence.
- Information can be shared when reporting any suspected abuse of a client as required by law.

Please read and sign the following document. This procedure has been developed to protect the right of confidentiality of the clients we serve. It also serves to ensure that you are aware of the legal and moral obligation you must have to maintain confidentiality.

I accept the privilege and responsibility to have access and to receive information about clients at the Center. I understand the confidentiality of the material which I read, hear, or discuss. Under no circumstances shall I duplicate, disseminate and/or verbalize to unauthorized persons this information. I also understand that e-mail systems afford no expectation of privacy and is considered part of the client's file which cannot be destroyed.

I fully understand that access to information, whether obtained from records, through my attendance at or involvement in meetings, through discussion with instructors, clients, family members and other service providers is only for the purpose of helping me make informed choices when providing services. The information I obtain is considered personal and private and should in no way be used in a prejudicial manner.

Signature: _____ **Date:** _____

Print Name

Approved 1/9/2017



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Reinbow Riding Center Health and Safety Guidelines

802-236-2483

Reinbow Riding Center takes precautions to keep everyone healthy and safe. In that respect we would appreciate everyone taking normal precautions to help us accomplish this. Please make note of and call the above number to cancel your obligation at RRC if you exhibit any of the following symptoms or symptoms of any other illnesses.

- Complaints of not feeling well
- Has a fever
- Persistent cough or wheezing
- Recent nausea or vomiting
- **Or has been exposed to someone with Covid or has tested positive for Covid within the past week.**

Please follow these guidelines to help us create and maintain a healthy and safe environment for everyone.

Directions to Reinbow Riding Center:

From the Rutland Area take Rte 103 south to Jiffy Mart in East Wallingford. Just beyond Jiffy Mart **TURN RIGHT** and follow signs for Route 155. Stay on 155 to Belmont (3.8 miles). At the Belmont sign turn left onto Tarbellville Rd. Then turn left at drive for Reinbow Riding/Stonewall Farm (.2 miles) across from a grey house on the right. **Watch for Reinbow Riding Center Signs along the way.**

From the Ludlow Area take Rte 103 north to the blinking light in Mt. Holly. Turn left to go to Belmont. At the Belmont Store turn right onto Tarbellville Rd. In .9 miles turn right at the Reinbow Riding/Stonewall Farm sign across from a grey house. **Watch for Reinbow Riding Center Signs along the way.**