



# RAINBOW RIDING CENTER

2024

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 Rainbow 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 Rainbow 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.*

**\*\*NOTE: This year our spring-summer lesson program will run from May 28 through July 19. There will be no Thursday, Friday or Saturday lessons. However, there may be times we are setting up prior to May 28 and during the later summer and fall months that we might ask for Volunteers to help us with various projects.**

**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:

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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:

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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:**

1<sup>st</sup> Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email \_\_\_\_\_

2<sup>nd</sup> Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone(H) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email \_\_\_\_\_

3<sup>rd</sup> 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** \_\_\_\_\_

**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 if Volunteer under 18.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



## **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.

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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



VERMONT CRIMINAL INFORMATION CENTER  
VULNERABLE POPULATIONS PROGRAM  
RELEASE FORM

Qualified Agency Reinbow Riding Center, Belmont Vermont

Applicant \_\_\_\_\_  
Last First Middle

Maiden or Alias Names \_\_\_\_\_  
\_\_\_\_\_

Social Security # - -

Place of Birth \_\_\_\_\_  
City/Town State Country

Date of Birth \_\_\_\_\_  
Month Day Year

Applicant's Phone:

**RELEASE**

I, \_\_\_\_\_, hereby acknowledge and agree to a check of any criminal record of convictions, which may be maintained by the Vermont Criminal Information Center. I understand that the results of the check will be made available to **Reinbow Riding Center** for use in reviewing my suitability for employment and/or as a volunteer with the program. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 Main Street, Waterbury, Vermont 05671-2101.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Identity Verified by

\_\_\_\_\_  
Date



## 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 Right hand turn sign for Rte. 155/140 in East Wallingford. This is just around the corner from the Citgo Jiffy Mart. TURN RIGHT then TURN LEFT at sign for Route 155. Stay on 155 to Belmont (3.8 miles). At the Belmont sign turn left onto Tarbellville Rd. Then turn left at driveway for Reinbow Riding/Stonewall Farm (.2 miles) and across from a grey house on the right. **Watch for yellow 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 yellow Reinbow Riding Center Signs along the way.**