



Please email filled out paperwork back to
janetupton@reinbowridingcenter.org or mail to
Janet Upton
P.O. Box 529
Ludlow, VT 05149

REINBOW RIDING CENTER

2025

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 you would be available to volunteer at Reinbow Riding. We are flexible with scheduling and will work to find a good fit.

| Tuesday afternoon | Wednesday morning | Thursday morning | Friday afternoon |
|----------------------|----------------------|---------------------|---------------------|
| | | | |
| | | | |
| | | | |

Please indicate any dates during the times below you might be unavailable: out of town, on vacation, etc.

Please email paperwork to janupton@comcast.net or mail to
Janet Upton
P.O. Box 529
Ludlow, VT 05149

****NOTE:** This year our summer lesson program will run from **July 8th through August 15th** and **September 9th through October 17th**. Lessons will be held **Tuesday & Friday afternoons and Wednesday & Thursday mornings**.

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:

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** _____

VOLUNTEER/STAFF: ADDITIONAL RELEASES

3

Dear Rainbow Riding Center Volunteer/Staff,

We may request you be a part of a Rainbow 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,
Rainbow 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 Rainbow 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

4

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



VERMONT CRIMINAL INFORMATION CENTER
VULNERABLE POPULATIONS PROGRAM
RELEASE FORM

(not needed if you're under age 18)

Qualified Agency Reinbow Riding Center, Belmont Vermont

Applicant _____
Last First Middle

Maiden or Alias Names _____

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

Liability Release

6

Name _____ Date of Birth _____

Today's Date _____

Address _____ City _____ State _____ Zip _____

LIABILITY RELEASE (Required): _____ (Name) would like to participate as a **Volunteer at Rainbow Riding Center**. I acknowledge the risks and potential for risks of horseback riding and related equine activities, including grievous bodily harm while working with horses and performing other related tasks. However, I feel that the possible benefits are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages against RRC, its Board of Directors, Instructors, Therapists, Aides, other Volunteers and/or employees for any and all injuries and/or losses I may sustain while participating at Rainbow Riding Center from whatever cause, including but not limited to, negligence of these released parties.

Warning: Under Vermont Law, an equine activity sponsor is not liable for an injury to, or the death of, a participant in the equine activities resulting from the inherent risks of equine activities that are obvious and necessary, Pursuant to 12 V.S.A. 1039 – added 1995, No. 136 (ADJ. Sess.), 2. The term “Equine Activity Sponsors” includes Rainbow Riding Center, Ltd, its Board of Directors, Instructors, Therapists, Aids, Volunteers, and/or all Employees.

Signature: _____ 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.**

