



Horses of Hope, Inc.
“Giving Hope One Individual at a Time”

Thank you for requesting a Volunteer Packet.

Horses of Hope is excited to offer Equine Assisted Activities for individuals with special needs and we could not function without dedicated volunteers. We have opportunities for individuals to give of their time and talents on a regular basis or, if preferred, on an “as needed” basis. You do not need to be an experienced equestrian to volunteer at Horses of Hope. There are some tasks that do require horse experience, but many others do not.

This packet includes the necessary forms for our volunteers. Please complete all forms and return them to Horses of Hope at the address below.

Following is a checklist of required forms to be completed, signed and returned:

- Volunteer Application
- Waiver and Release
- Authorization for Emergency Medical Treatment
- Volunteer Directory Contact Information
- Volunteer Survey

After you return your packet, you will be notified of upcoming volunteer training dates. At that time, we will be able to identify where your talents would be best utilized.

We look forward to meeting with you and having you as part of the Horses of Hope team. If you have any further questions, please feel free to contact me.

Sincerely,

Laurie Flanagan Executive Director



Horses of Hope, Inc.
“Giving Hope One Individual at a Time”

VOLUNTEER APPLICATION

Name _____ Today's Date _____

M or F Date of Birth _____ Email Address _____

Address _____ City/State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Occupation/School _____

Parent/Guardian (if applicable) _____ Phone No. _____

Volunteer positions(s) desired: During Lessons: Grooming ___ Lunging ___ Riding/Training _____
_____ Sidewalker ___ Horsehandler Other (requires experience): ___

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. How did you learn about Horses of Hope, Inc.?
2. What would you like to gain from your experience at Horses of Hope, Inc.?
3. Do you have experience working with people with disabilities? If yes, explain briefly:
4. List any horse experience you have.
5. Lesson volunteers either lead the horse or walk beside the horse to assist a rider for up to 45 minutes per lesson in all kinds of weather. Do you have any physical limitations that would make this difficult for you?
6. Do you have any restrictions, precautions or anything we need to know about your recent health history?
Medications:
Surgery:
Injuries:

Mailing Address: PO Box 94, Lock Haven, PA 17745

Farm Address: 101 Stoltzfus Lane, Mackeyville, PA

Phone: (570)726-8533 • Email: horsesofhopeinc@gmail.com • Website: www.horsesofhope.org



Horses of Hope, Inc.

“Giving Hope One Individual at a Time”

7. Please provide two personal references, other than relatives:

Name _____ Phone _____

Relationship _____ How long have you known this person? _____

Name _____ Phone _____

Relationship _____ How long have you known this person? _____

VOLUNTEER CODE OF ETHICS

Statement of Intent

The purpose of the Horses of Hope, Inc. Code of Ethics is to provide volunteers with an ethical and responsible framework from which to serve. Volunteers at Horses of Hope, Inc. have a purpose to being invested in maintaining an ethical organization. This includes all aspects of the organization, including the services, organizational structure, and all communication among the volunteers, staff, clients, the public, and the Board.

As a Volunteer, I will:

1. Listen carefully to Horses of Hope, Inc. staff members.
2. Respect my fellow volunteers.
3. Respect and support the decisions of staff and board members in regard to the success of the program.
4. Keep well informed of developments and policies relevant to my volunteer responsibilities and Horses of Hope Inc. policies.
5. Participate actively in volunteer trainings and assist other volunteers as they join Horses of Hope, Inc.
6. Bring to the attention of the Executive Director any issues that I believe will have an adverse effect on the organization or those we serve.
7. Help curtail any negative conversations or rumor related comments.
8. Represent all whom this organization serves and refrain from bringing in my personal interests.
9. Consider myself having ownership of the organization and do my best to ensure that it is well maintained - keeping safety and quality in mind.
10. Always strive to learn how to be a more effective volunteer.

As a Volunteer I will *not*:

1. Criticize fellow volunteers and staff members or their opinions.
2. Use the organization for my personal advantage or that of my friends or relatives.
3. Discuss confidential issues with anyone not involved with those issues.
4. Interfere with the duties of staff members or undermine their authority.

Accountability

All volunteers share the responsibility of maintaining the Code of Ethics. This responsibility may include direct one-on-one communication with the person involved in discussion privately, at a larger meeting, or speaking to a staff member. Where repeated attempts have been made to rectify a volunteer’s non-compliance with the Code of Ethics, or where severe violation of the Code of Ethics has occurred, prompt action will be taken to remove the individual.

As a Horses of Hope, Inc. volunteer, I agree to adhere to and to be responsible for maintaining the above Code of Ethics.

Signature of Volunteer

Date

Printed Name of Volunteer

Mailing Address: PO Box 94, Lock Haven, PA 17745

Farm Address: 101 Stoltzfus Lane, Mackeyville, PA

Phone: (570)726-8533 • Email: horsesofhopeinc@gmail.com • Website: www.horsesofhope.org



Horses of Hope, Inc.
"Giving Hope One Individual at a Time"

VOLUNTEER CONFIDENTIALITY AGREEMENT

I understand that all information (written and verbal) regarding participants at this PATH center is confidential and will not be shared with anyone without the express consent of the participants, and, in the case of a minor, their parent/guardian.

Signature of Volunteer Date

BACKGROUND INFORMATION

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

If Yes, please explain _____

I authorize Horses of Hope, Inc. to receive information from any law enforcement agency, including police department and sheriff's departments, of the Commonwealth of Pennsylvania or any other state of 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.

I understand that such access is for the purpose of considering my application as a volunteer and that I expressly DO NOT authorize Horses of Hope, Inc., its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, organization, or corporation.

Signature of Volunteer, parent or guardian (if volunteer is a minor) Date

**** ALL volunteer applicants must sign above ****

PHOTO & VIDEO RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to Horses of Hope, Inc. permission to take, or have taken, still and moving photographs and films of the above named Participant, and consents and authorizes Horses of Hopes, Inc., its advertising agencies, news media, and any other persons interested in Horses of Hope, Inc. and its work, to use and reproduce the photographs, films or pictures, and to circulate and publicize the same by all means, including, without limiting the generality of the foregoing, web sites, television media, brochures, pamphlets, instructional materials, books, and clinical materials.

With respect to the foregoing matters, no inducements or promises have been made to secure this signature to this release other than the intention of Horses of Hope, Inc. to use, or cause to be used, such photographs, films, and pictures for the primary purpose of promoting Horses of Hope, Inc. and its work.

I give consent _____ Date _____
Signature of participant, parent or guardian (if participant is a minor)

I do not give consent _____ Date _____

Mailing Address: PO Box 94, Lock Haven, PA 17745
Farm Address: 101 Stoltzfus Lane, Mackeyville, PA
Phone: (570)726-8533 • Email: horsesofhopeinc@gmail.com • Website: www.horsesofhope.org



Horses of Hope, Inc.

"Giving Hope One Individual at a Time"

Signature of participant, parent or guardian (if participant is a minor)

RELEASE: ALL VISITORS/PARTICIPANTS/VOLUNTEERS (OR PARENT OR GUARDIAN, IF UNDER 21) MUST SIGN THIS RELEASE, WAIVING LEGAL RIGHTS AGAINST HORSES OF HOPE, INC. and KYLE and SUSAN JOHNSTON. IF YOU DO NOT SIGN A RELEASE, YOU WILL NOT BE PERMITTED ON THE PROPERTIES.

WAIVER AND RELEASE

I, _____, a visitor to/participant of/volunteer in the Horses of Hope, Inc. equine assistance program (the "Program") or the parent or legal guardian of a visitor to/participant of/volunteer in the program, am aware that all activities involving horses, including, but not limited to, riding, driving, grooming, leading, and/or any events involving horses, pose many inherent dangers, risks, and hazards. These include, but are not limited to, bodily injury and physical harm to riders, instructors, therapists, aides, groomers, leaders, handlers, side walkers, photographers, spectators, and/ or any other helpers. I freely and fully assume all dangers, risks, and hazards and the possibility of injury, death, property damage or other loss resulting from such dangers, risks, and hazards. I understand that I or my child or ward should not participate in the Program or visit the properties unless medically able. I agree to comply with Program rules and regulations, directions, instructions, and/or safety precautions given by Program employees, instructors, therapists, aides, and volunteers. My or my child's or ward's participation in the Program or visit to the properties is upon the express agreement and understanding that I have received, read, and understand this Waiver and Release.

In consideration of my or my child's or ward's participation/volunteering in the Program or visit to the properties, I hereby, for myself and any participant for whom I am a parent or legal guardian, release, discharge, hold harmless, and forever acquit Horses of Hope, Inc. together with its officers, directors, agents, representatives, employees, instructors, therapist, aides, and volunteers, and Kyle and Susan Johnston, in their individual capacities, from any and all actions, causes of action, losses, claims, or any liabilities whatsoever, including, but not limited to, illness or injury, known or unknown, now existing or which may arise in the future, which may accrue to me, my heirs, my guardians, administrators, executors, or assignees, including attorney's fees and court costs, on account of or in any way related to or arising out of my or my child's or ward's participation in the Program or visit to the properties. Finally, I assume all liability for any non-participants who accompany me.

I have had the opportunity to ask any questions that I may have and such questions have been answered to my satisfaction. I have read, understood, and agree to the above. I understand and confirm, by signing this Waiver and Release that I have given up considerable future legal rights. My signature is proof of my intention to execute a complete and unconditional Waiver and Release of all liability to the full extent of the law.

Participant/Volunteer/Visitor's Name (please print): _____

Participant/Volunteer/Visitor's Signature: _____ **Date:** _____

AGREEMENT AND CONSENT OF PARENT OR GUARDIAN OF MINOR

I, as the parent or guardian of the above visitor or participant, give my permission for my child or ward to participate in the Program or visit the properties, and further, in consideration of allowing my child or ward to participate in the program or visit the property, I agree individually and on behalf of my child or ward to the terms of the above Waiver and Release.

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____ **Date:** _____

Mailing Address: PO Box 94, Lock Haven, PA 17745

Farm Address: 101 Stoltzfus Lane, Mackeyville, PA

Phone: (570)726-8533 • Email: horsesofhopeinc@gmail.com • Website: www.horsesofhope.org



Horses of Hope, Inc.
"Giving Hope One Individual at a Time"

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT – VOLUNTEER

NAME _____ DOB _____ PHONE _____

ADDRESS _____ CITY/STATE _____ ZIP _____

PHYSICIAN'S NAME _____ MEDICAL FACILITY _____

HEALTH INSURANCE COMPANY _____ POLICY # _____

ALLERGIES TO MEDICATIONS OR FOODS _____

CURRENT MEDICATIONS _____

IN THE EVENT OF AN EMERGENCY, CONTACT

Name _____ Relation _____ Phone #1 _____ Phone #2 _____

Name _____ Relation _____ Phone #1 _____ Phone #2 _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Horses of Hope, Inc. to:

1. Secure and retain medical treatment and transportation if needed.
2. Release participant's records upon request to the authorized individual or agency involved in the medical emergency treatment.

CONSENT PLAN

This authorization includes x-rays, 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.

Consent Signature _____ Date _____

Signature of participant, parent or guardian (if participant is a minor)

NON-CONSENT PLAN

I **do not** give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedure to take place:

Non-Consent Signature _____ Date _____

Signature of participant, parent or guardian (if participant is a minor)

Mailing Address: PO Box 94, Lock Haven, PA 17745

Farm Address: 101 Stoltzfus Lane, Mackeyville, PA

Phone: (570)726-8533 • Email: horsesofhopeinc@gmail.com • Website: www.horsesofhope.org



Horses of Hope, Inc.
"Giving Hope One Individual at a Time"

VOLUNTEER DIRECTORY CONTACT INFORMATION

Name _____ Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

Substitution Availabilities

Day	Time	Day	Time	Day	Time
Day	Time	Day	Time	Day	Time
Day	Time	Day	Time	Day	Time

* With advance notice, I may be able to help out on the above days.

CONSENT

I give permission to fellow Horses of Hope, Inc. volunteers to contact me in the event that he/she has a conflict with his/her scheduled shift. I understand that it is optional for me to cover or switch shifts with another volunteer if contacted.

By consenting to be a part of the Horses of Hope, Inc. Volunteer Directory, I will receive a copy as well. This way if I am unable to make a scheduled shift, I can refer to the directory and have my shift switched or covered by another volunteer.

CONSENT Signature _____ Date _____

(Signature of volunteer, parent or guardian, if volunteer is a minor)



Please Place a Current Picture Here.

Mailing Address: PO Box 94, Lock Haven, PA 17745

Farm Address: 101 Stoltzfus Lane, Mackeyville, PA

Phone: (570)726-8533 • Email: horsesofhopeinc@gmail.com • Website: www.horsesofhope.org



Horses of Hope, Inc.
"Giving Hope One Individual at a Time"

VOLUNTEER SURVEY

Please let us know if you are interested in helping Horses of Hope with fundraising. Horses of Hope depends on the funds made available through a variety of events held throughout the year. These funds help us to offset some of the costs associated with our program, including the care of our amazing horses, insurance, and covering the costs of participants who cannot afford lessons. Our program could not exist without your help!

_____ Please do not contact me for fundraising events

_____ YES, I am interested in helping Horses of Hope with fundraising events. (Please indicate below which fundraising events that you would like to be notified about.)

_____ Walmart Donation Days

_____ Kiwanis \$1 ticket sales

_____ Speedy's sandwich sale (yum!)

_____ Food booth

_____ Gift wrapping

_____ Horses of Hope Open House

_____ Annual Yard Sale

_____ Benefit Bingo

_____ Restaurant promotion (HOH gets a % of proceeds)

_____ Baked goods for events

_____ Candy bars/Lollipops

_____ Candles

_____ I have a great idea for a fundraising event _____

Please provide your contact information below and **Circle** your preference(s) on how you would like to be notified.

Name: _____ Home Phone: _____

Cell Phone: _____ Text to my Cell Phone

Address: _____

E-mail: _____

Mailing Address: PO Box 94, Lock Haven, PA 17745

Farm Address: 101 Stoltzfus Lane, Mackeyville, PA

Phone: (570)726-8533 • Email: horsesofhopeinc@gmail.com • Website: www.horsesofhope.org