



## *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
- Volunteer Code of Ethics
- Volunteer Confidentiality Agreement
- Background Clearances Notice
- Waiver and Release
- Photo & Video Release
- Authorization for Emergency Medical Treatment
- Volunteer Survey
- Property Rules
- Stable Rules
- Basic Horse Safety Rules

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

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

Farm Address: 101 Stoltzfus Lane, Mackeyville, PA

Phone: (570) 726-8533 • Email: [horsesofhopeinc@gmail.com](mailto:horsesofhopeinc@gmail.com) • Website: [www.horsesofhope.org](http://www.horsesofhope.org)



# Horses of Hope, Inc.

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## VOLUNTEER APPLICATION

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation/School \_\_\_\_\_

Parent/Guardian (if applicable) \_\_\_\_\_ Phone No. \_\_\_\_\_

M or F Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Preferred means of contact: (circle one) Cell Email Landline (Please provide this information): \_\_\_\_\_

### **Volunteer positions(s) desired:**

See Volunteer Position Descriptions following this page:

During Lessons: Grooming \_\_\_ Sidewalker \_\_\_ (no experience required, training will be given)

Horsehandler \_\_\_ Horse Feeder \_\_\_ (both require experience and / or additional training):

Other Interests: \_\_\_\_\_

### **PLEASE ANSWER THE FOLLOWING QUESTIONS:**

How did you learn about Horses of Hope, Inc.? \_\_\_\_\_

What would you like to gain from your experience at Horses of Hope, Inc.? \_\_\_\_\_

Do you have experience working with people with disabilities? Yes / No

If yes, explain briefly: \_\_\_\_\_

List any horse experience you have: \_\_\_\_\_

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? Yes / No

If yes, explain briefly: \_\_\_\_\_

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Do you have any restrictions, precautions or anything we need to know about your recent health history?

Medications: \_\_\_\_\_

Surgery: \_\_\_\_\_

Injuries: \_\_\_\_\_

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? \_\_\_\_\_

### **AVAILABILITY:**

Please mark days and times you are available to Volunteer at HoH:

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

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **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 Team, my contact information will be given to other Volunteers. This way if I am unable to make a scheduled shift, I can refer to the other Volunteer Team members and have my shift switched or covered by another volunteer.

CONSENT Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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## *Horses of Hope, Inc.*

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### Volunteer Description

## Lesson Side Walker

Reports to Volunteer Coordinator and  
Helps To support the mission, vision and values of Horses of Hope, Inc.

### **SPECIFIC RESPONSIBILITIES:**

The Side Walker (either 1 or 2) walks to the side of the rider during the lesson. The Side Walker's primary responsibility is for the safety of the rider during the lesson. Side Walker tasks include:

- Greeting the student as he/she arrives
- Remaining with the student and getting his/her helmet fitted
- Assisting the student in balancing on the horse, utilizing special holds
- Following directions of the Instructor during the lesson and assisting the rider only when needed to promote independence
  - Each lesson lasts approximately 45 minutes. You may sign up for as many time slots as you feel you can physically participate in.
  - Lessons are held in all types of weather.
  - This position would require walking, walking at a fast pace and possible running from time to time.
  - Some riders need assistance to where the side walker's arm would need to be at shoulder height to assist with balance throughout the lesson.
- Understanding the special needs of each rider
- Mounting assists
- Understanding safety and emergency procedures

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## *Horses of Hope, Inc.*

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### Volunteer Description

## Lesson Horse Handler

Reports to Volunteer Coordinator and  
Helps To support the mission, vision and values of Horses of Hope, Inc.

### **SPECIFIC RESPONSIBILITIES:**

The primary job of the horse handler is to deal with the horse, not the student. Horse handler tasks include:

- Assists Instructor with horse warm-ups
- Assists in grooming and tacking the horse before the lesson
- Maintaining control of the horse, therefore ensuring a safe ride for the participant
  - Each lesson lasts approximately 45 minutes. You may sign up for as many time slots as you feel you can physically participate in.
  - Lessons are held in all types of weather.
  - This position would require walking, walking at a fast pace and possible running from time to time.
- Understanding horse body language and horse psychology
- Helps with upkeep and cleaning of tack when possible

*Note: Horse Handlers requires special training. If you have extensive horse experience and want to be a Horse Handler or become part of a "grooming team" that grooms the horses on non-lesson days, please contact the Volunteer Coordinator for more information.*

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## *Horses of Hope, Inc.*

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### Volunteer Description

## *Feeder*

*Reports to Barn Supervisor and*

Helps To support the mission, vision and values of Horses of Hope, Inc.

### **SPECIFIC RESPONSIBILITIES:**

#### **Horse Care:**

- \* Sees that horses are fed hay, oats and given fresh water twice daily when scheduled.
- \* Notifies Barn Supervisor of any health concerns or abnormalities of the horses.
- \* Is able to handle horses for turnout/turn in per schedule and weather permitting.
- \* Contacts feeders when unable to make a scheduled feeding to find substitute feeder.

#### **Office Facility Care:**

- \* Helps keep restroom clean and tidy when needed.
- \* Helps to keep community room clean and tidy when needed.

#### **Barn Care:**

- \* Helps unload and stack hay in loft (only if available and able to help).
- \* Throws hay down from loft as needed.
- \* Makes suggestions to help keep facility and barn running smoothly.
- \* Keeps feed room tidy.

#### **Miscellaneous Duties:**

- \* When approved and designated as a "Shadow Feeder", trains other feeders.
- \* Contacts Barn Supervisor for questions/concerns.
- \* Updates contact information with Volunteer Coordinator
- \* Responds (when applicable) to mass texts sent by Staff.
- \* May be asked to lift no more than 50 pounds.

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### 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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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## VOLUNTEER CONFIDENTIALITY AGREEMENT

I understand that all information (written and verbal) regarding participants at this PATH center are 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 and CLEARANCES

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

If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The position for which I am being considered requires me to provide background checks as a condition of placement in Horses of Hope, Inc.. This check includes the following: **Criminal history** reference searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction where I currently reside or where I have resided during the past 10 years; and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided, and **Child Abuse** background. These clearances can be obtained at [epatch.state.pa.us](http://epatch.state.pa.us) and [keepkidssafe.pa.gov](http://keepkidssafe.pa.gov)

I also am aware that records of arrests on pending charges and/or convictions are not an absolute bar to placement. Such information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to perform the duties of my position in a manner which is safe for HoH participants, volunteers, employees, and other community members.

Once clearances are provided to HoH, I understand such clearances are currently in 2019, are accurate for five (5) years.

**I understand I am to provide HoH with the above clearances at my own expense and to provide these copies at time of application and when provided and I receive placement as a Volunteer in the HoH organization, I will be reimbursed fees incurred in providing these clearances's.**

\_\_\_\_\_  
Print Name of Volunteer

\_\_\_\_\_  
State Relationship to Volunteer

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

\_\_\_\_\_  
Date

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

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## **WAIVER AND RELEASE**

**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.**

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: \_\_\_\_\_

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### 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 \_\_\_\_\_  
Signature of participant, parent or guardian (if participant is a minor) Date

I **do not** give consent \_\_\_\_\_  
Signature of participant, parent or guardian (if participant is a minor) Date

Please Place a Current Picture Here.

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**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)*

Name \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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### 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

Food booth

Gift wrapping

Horses of Hope Open House

Benefit Bingo

Restaurant promotion (HOH gets a % of proceeds)

Baked goods for events

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 Yes / No

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

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### **GENERAL VOLUNTEER AND FARM INFORMATION**

#### **Attendance**

Volunteers must be willing to commit themselves to a regular day and time for a certain number of weeks so that our participants are able to attend. Volunteers must also commit to notifying the Instructor or Volunteer Coordinator as soon as possible if illness or time conflicts prevent them from performing their assigned duties. This notification is necessary so that a substitute may be found in time.

Do your best to contact someone and not just leave a message in voicemail. **DO NOT** send an email to cancel unless you are pre-arranging an absence. In the event we know in advance of a participant’s absence, we will attempt to reach you by telephone as best we can, considering the amount of notice we are given. Understand that cancellations cause an enormous ripple effect.

**We request that you notify the Instructor or the Volunteer Coordinator *with as much notice as possible* – at least 24 hours – prior to your scheduled time if you must cancel.**

#### **Attire**

Remember that you will be working in a professional setting. It is expected that volunteers will use good judgment in selecting appropriate clothing. When choosing your clothing, consider “Safety First”; inquisitive hands can pull off your jewelry, excessively baggy clothes can get caught on things, etc.

##### What to Wear:

- Comfortable clothes (appropriate to the season) that you don’t mind getting dirty.
- Comfortable shoes or **boots** that will protect your feet.
- Sunscreen, bug repellent, sunglasses, hat, or visor.
- Horses of Hope Name Tag.
- Long hair needs to be pulled back.

##### What **not** to Wear:

- Jewelry (necklace, bracelet, hoop/dangling earrings); stud earrings are ok.
- Excessively tight or baggy clothing.
- Perfumes that can attract stinging insects.
- Bare midriff or other revealing clothing such as **tank tops can show more than wanted** when a rider is looking down from atop a horse!
- Open toe shoes, sandals, clogs.
- Clothing with inappropriate slogans, decals, etc.

#### **Cell Phones**

We do not mind you having your phone while at the farm – it could come in handy if there is an emergency. We just ask that you **put it on vibrate mode or turn it off**. If you are assisting with a lesson, we ask that you refrain from answering or talking on the phone until after the lesson is completed.

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### **PROPERTY RULES**

These rules apply to everyone admitted to Horses of Hope and the property of Kyle and Susan Johnston.

**PARKING** – Always allow handicapped vehicles the closest parking spaces. Use common sense when parking at the farm. Make sure you don't park anyone else in.

**LIABILITY WAIVER AND RELEASE FORM** – All individuals visiting the property must sign a Waiver and Release form immediately upon arrival. This includes participants, volunteers, employees, visitors, and anyone accompanying others to the property. (One release is good for the year)

**SMOKING** – Smoking is not permitted on the property.

**PRIVATE AREAS** – The areas of the property that are considered "OFF LIMITS" include, but are not limited to:

- The owners home.
- The solar panels behind the owner's home.
- The golf course across the lane.
- Neighbors property and horses.
- The hay loft unless given permission to enter.
- Pastures - due to electric fencing.
- Private vehicles located on the property (cars, trucks, vans, lawnmowers, etc.)

Please sign and date below in acknowledgement of receipt of and your agreement to abide by all rules set forth by Horses of Hope, Inc.

---

Signature of Volunteer

---

Date

---

Printed Name

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### **STABLE RULES**

- The STABLE is the barn with the stalls for the horses.
- All volunteers must sign the Volunteer Book upon arrival to the farm. It is located in the office.
- All PROPERTY RULES must be followed.
- ALL BASIC HORSE SAFETY RULES must be followed.
- No sandals - only boots may be worn while handling the horses.
- Turn cell phones off to set to vibrate.
- No personal stereos or music.
- No weapons, alcohol, or illegal drugs.
- No foul language.
- No physical or emotional mistreatment or abuse of a participant, staff member, volunteer, visitor, or horse.
- Only staff and approved volunteers who have received SPECIAL TRAINING may handle/lead horses except when a participant is working with them under direct supervision of their Instructor or volunteer approved by the center.
- Only staff and approved volunteers who have received SPECIAL TRAINING may transfer horses to and from pastures.
- No one is to ride, lead, groom, exercise, or otherwise interact with the horses unless they have been directed to do so by an Instructor, Volunteer Coordinator or Executive Director.
- Horses are not to be led by anyone without a halter and lead line.
- All equipment is to be inspected for damage after each use. Report any damage to the Executive Director or Barn Manager immediately.
- All riders must wear an STM-SEI approved helmet securely fastened.
- Please keep all equipment/tack out of the aisle.
- Horses are not to be given treats by anyone other than the Instructor. Frequent hand feeding encourages horses to enter the personal space of the people around them and possibly bite.
- Please take all personal items and trash with you when you leave.
- All lights are to be turned off when not in use.

Please sign and date below in acknowledgement of receipt of and your agreement to abide by all rules set forth by Horses of Hope, Inc.

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Signature of Volunteer

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Date

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Printed Name

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

Farm Address: 101 Stoltzfus Lane, Mackeyville, PA

Phone: (570) 726-8533 • Email: [horsesofhopeinc@gmail.com](mailto:horsesofhopeinc@gmail.com) • Website: [www.horsesofhope.org](http://www.horsesofhope.org)



## *Horses of Hope, Inc.*

*"Giving Hope One Individual at a Time"*

### **BASIC HORSE SAFETY RULES**

- Never approach a horse directly from the rear. Even in a stall, the horse should turn to face you. If a horse cannot see you, he is more likely to kick.
- Approach your horse at his shoulder, talking to him in a calm voice. REMEMBER: Horses are creatures of REACTION (Fight or Flight), so always let the horse know where you are.
- Horses may kick, bite, strike and/or bolt if startled. REMEMBER horses cannot see your hand when you pat their noses and this may cause them to jerk their heads up so keep your head in a protected position when handling a horse. Their eyes are on the sides of their heads and approximately two feet in front of their head is a "blind spot."
- Use a safe lead rope and both hands when leading. The excess lead should be folded in a figure 8 pattern and held in the hand farthest from the horse. DO NOT ever wrap a lead around your hand or wrist.
- Do not allow the lead or reins to drag on or near the ground. The horse or leader could step on it and trip or become entangled.
- If the horse rears, release the hand closest to the horse's lead so you will not be jerked off the ground.
- Always lead the horse on this left with your body in line with the throat latch and shoulder. Your hand closest to the horse should be 6-8" away from his chin.
- Do not pull down on the lead as this causes pressure on the horse's head and can make him irritable. A short, light, quick correctional "tug" is all that is needed if you want him to slow down or pay attention.
- You weigh a lot less than a horse – you cannot "out pull" him.
- IF a horse pulls back, step with him rather than pull against him. If he continues to pull back, LET GO and CALL FOR HELP – don't risk being dragged.
- If the horse will not move forward, try turning his head away from you or walking him slightly to the left or right of your original path.
- ALWAYS walk AROUND your horse, preferable in front unless he is tied to the rail.
- NEVER duck under or step over the lead.
- If cross ties are not available, ALWAYS tie your horse with a halter and lead (NEVER reins) at wither height to a strong pole using a quick release knot in the lead.
- If walking behind your horse, either walk body-to-body very close to him with your hand on the horse's hindquarters, or at least 15 feet away. A kick is most forceful when you are about three feet away – avoid being at that distance.
- When several horses are being led together, travel single file with two horse lengths between you and the horse ahead of you – keep a safe distance apart and stay alert.
- When releasing a horse, always turn him to face you, stand at his side and pat him quietly before removing the halter. Use this technique when returning a horse to his stall or pasture.
- Never yell and try to make the horse run from you; in turning, he may kick out or knock you down. Make sure that you have room to move away quickly, if necessary.

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- When two or more horses leave a pasture, the first ones out should be walked to a safe spot and stopped until everyone is out, the gate is closed and everyone is ready to walk on. Otherwise, the last horse watching others leave without him may panic and bolt. They are herd animals that don't like being left alone.
- Make sure that all gates and doors are always closed and secured. If it is open, close it – even when the pasture is empty or your horse is the last one to leave – close the gate behind you.
- Keep tack and equipment off the ground and in proper places. Do not leave any items where people or horses could damage them or be hurt by them.
- When grooming and tacking, do it from the horse's side with your back toward its head.
- NEVER squat, sit, or kneel near a horse.

**THINK SAFETY! The participant will be more likely to do as you do!**

**We will have a training session for review and question and answer periods.**

Please sign and date below in acknowledgement of receipt of and your agreement to abide by all rules set forth by Horses of Hope, Inc.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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