



Unbridle the Magic!®

January 2017

Dear Volunteer Applicant,

Thank you for inquiring about volunteer opportunities at Celtic Charms Therapeutic Horsemanship. I am enclosing information about volunteering and forms that are required to be completed by each person in order to activate the volunteer application process.

Our mission at Celtic Charms is “to provide children and adults with physical, cognitive and emotional disabilities or disorders a program of individualized equestrian instruction in a safe and supportive family farm environment. We provide opportunities for the professional development of our instructors and volunteers as well as on-going training of our horses for therapeutic horseback riding and equine-assisted activities.”

As a 501(c)(3) charitable non-profit, #272-039-852/000, we are solely dependent on the generosity and support of those who believe in our mission and the benefits that therapeutic riding can produce for our riders. **WE CANNOT FUNCTION WITHOUT A STRONG VOLUNTEER BASE.**

Volunteers are an integral part of our weekly lesson program. They become part of the lesson by supporting activities for the rider as set forth by the instructor. Two primary roles are horse leader and side walker. The horse leader's role is to prepare and handle the horse during the lesson, while the side walker's role is to assist the rider so that he or she can achieve the maximum benefit of the lesson. We ask our lesson volunteers to donate a minimum of 1 hour and 15 minutes per week.

Attendance at our volunteer workshop(s) is necessary to become an active volunteer in the lesson program. As you can see from the attached volunteer information sheet, we also offer non-horse related volunteer opportunities.

We appreciate your interest in our program and look forward to meeting you. Please contact us at your convenience so that we can schedule an introduction to our center and our staff. Our dedicated volunteer mobile number is **732-252-7067**.

On behalf of all of us at Celtic Charms Therapeutic Horsemanship, thank you for your support.

Sincerely,

D. Cutler
Dolores Cutler
Volunteer Coordinator



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Celtic Charms Inc. is a
charitable non-profit
organization exempt
under Section 501(c)(3).

Celtic Charms Therapeutic Horsemanship

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**Celtic Charms Therapeutic Horsemanship
Volunteer Information**
(Please write clearly)

Name: _____

Phone: (H) _____ (C) _____

Address: _____ NJ _____
Street Town Zip

e-mail address: _____

Are you 14 years of age or older and can work unsupervised? Yes No Date of birth? _____

Parent/Guardian/Caregiver: _____

Phone if different from the above: (H) _____ (C) _____

Areas of interest:

- | | |
|--|---|
| <input type="checkbox"/> Horse leader | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Sidewalking with a student | <input type="checkbox"/> Administration (reception, mailings, general office support) |
| <input type="checkbox"/> Horse care (grooming, feeding, cleaning, paddocks and stalls) | <input type="checkbox"/> General maintenance |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Trail clearing/maintenance |

Do you have special skills that could be beneficial to Celtic Charms?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Photography | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Grant writing |
| <input type="checkbox"/> _____ | |

General

Any information given will be treated as confidential and is intended for our volunteer database only.

How did you hear about Celtic Charms? _____

Employer/school: _____

Do you require community service hours? Yes No

Do you have any experience with horses? Yes No

If yes, please describe _____

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

If yes, please describe _____

Are you current CPR & First Aid trained? Yes No

Do you have a valid driver's license? Yes No

Celtic Charms Therapeutic Horsemanship Volunteer Health History

Name: _____

Parent/Guardian/Caregiver: _____

We need to know about any reasonable accommodation you may need regarding the physical and emotional demands of working with equine-assisted activities where volunteer responsibilities may include the following activities: Lesson responsibilities involve a combination of lifting, bending, standing, and walking and/or jogging short distances for up to 45 minutes at a time. Sidewalkers may also be required to hold their arm above shoulder height for the duration of a lesson and may need to assist the instructor with getting the rider on or off the horse. Furthermore, please consider that these activities may be conducted on days that are hot and/or humid or cold.

Are you able to perform the role of lesson volunteer **without** any accommodation? Yes No

Are you able to perform the role of lesson volunteer **with** an accommodation? Yes No

Please describe accommodation required. (for example, you may be unable to jog, but you can still work in lessons - we just need to adjust resources accordingly!)

Do you have any allergies? Yes No

If yes, please describe _____
Is an EpiPen required? Yes No

Have you had a tetanus shot Yes No

NOTE: it is important to be current, within the last 8 to 10 years

Statement of Understanding

I am responsible for informing Celtic Charms, in a timely manner, of **all** changes regarding information contained in this application.

I know of no reason why I should not participate in the Celtic Charms Therapeutic Horsemanship volunteer program. I understand that it is my responsibility to communicate to the instructor if I cannot perform my volunteer assignment.

I understand that I am not an employee of Celtic Charms Therapeutic Horsemanship and that my assistance is required on an as needed basis as determined by Center Management, and subject to my availability.

I have read and agree to adhere to the Facility Rules. The information provided is accurate to the best of my knowledge.

Signature: _____ Date: _____

Volunteer or Parent/Legal Guardian/Primary
Caregiver if volunteer under 18 years of age

**Celtic Charms Therapeutic Horsemanship
Volunteer Liability Release Form**

Name: _____

Parent/Legal Guardian if volunteer under the age of 18 years of age:

UNDER NEW JERSEY LAW, AN EQUINE EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT PL,C287c. 5:15-1 TO 5:151-12.

I understand that under the New Jersey Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in, and legal responsibility for, injury, loss, or damage to person or property resulting from equine activities.

This release shall give notice to the participant, parent or guardian of the risks of engaging in equine activities, including, but not limited to:

1. the propensity of equines to behave in dangerous ways that may result in injury to the participant,
2. the inability to predict an equine's reaction to sounds, movements, objects, persons, or animals,
3. the hazards of surface or subsurface conditions,
4. the hazards relating to the use of the premises and relating to any animals, facilities or equipment owned or leased by Celtic Charms Therapeutic Horsemanship, and
5. equine-assisted activities conducted offsite.

PLEASE NOTE: It is the policy of Celtic Charms Inc. that 9-1-1 will be called in the event of any emergency.

I hereby, intending to be legally bound, for myself, my heirs and assigns, executors and/or administrators, waive and release forever all claims for damages against Celtic Charms Equestrian Centers LLC, Celtic Charms Inc. D.B.A. Celtic Charms Therapeutic Horsemanship, either of its members, board of trustees, officers, staff, instructors, therapists, aides, volunteers for any and all injuries and/or losses that I/my son/my daughter/my ward may sustain while participating in activities at Celtic Charms Therapeutic Horsemanship.

This release shall remain valid until expressly revoked in writing by a participant, or, if a minor, the parent or legal guardian.

I have read and understand the provided information and agree with the terms in their entirety. In the event of an emergency please contact:

Name: _____ Relation: _____

Phone: (H) _____ (C): _____

Name: _____ Relation: _____

Phone: (H) _____ (C): _____

Signature: _____ Date: _____

Volunteer or Parent/Legal Guardian/Primary
Caregiver if volunteer under 18 years of age

Celtic Charms Therapeutic Horsemanship Volunteer Confidentiality Statement

Name: _____

Parent/Legal Guardian: _____

Individuals have a right to privacy that gives them control over the dissemination of their medical, financial, personal and other sensitive information. Celtic Charms Inc. D.B.A. Celtic Charms Therapeutic Horsemanship ("Celtic Charms") will preserve the right of confidentiality for all individuals at its center.

Trustees, full- and part-time staff, independent contractors, temporary employees, volunteers, participants, parents, guardians and families, or any business providing services to Celtic Charms are bound to keep confidential all medical, social, referral, personal and financial information, obtained either accidentally or on purpose whether in person or electronically, regarding any individual and his/her family at Celtic Charms without the specific written consent of that individual or his/her parents or guardian.

"Confidential Information" includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, e-mails, photos etc., as well as the non-public business records of Celtic Charms. In particular, medical information about clients, and information about their disabilities or special needs, must be protected as Confidential Information. Volunteers shall never disclose confidential information to anyone other than Celtic Charms staff. Volunteers must seek staff permission before taking any pictures or videos.

I understand that all information (written and verbal) at Celtic Charms Inc. is confidential and will not be shared with anyone without the expressed written consent of Celtic Charms Inc.

Signature: _____ Date: _____
Volunteer or Parent/Legal Guardian/Primary
Caregiver if volunteer under 18 years of age

Photo Release

- I DO
 DO NOT

consent to and authorize the use and reproduction by Celtic Charms, Inc. D.B.A. Celtic Charms Therapeutic Horsemanship of any and all photographs and any other audio/visual materials taken of me for promotional material, education activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
Volunteer or Parent/Legal Guardian/Primary
Caregiver if volunteer under 18 years of age

**Celtic Charms Therapeutic Horsemanship
Background Information**
(Applicable to applicants 18 years of age and older only)

Have you ever been charged with or convicted of a crime? No _____ Yes _____
(If YES, please explain)

I, _____ (volunteer name) authorize Celtic Charms Therapeutic Horsemanship to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or the federal government, to the extent permitted by state and federal law, pertaining to a criminal background status check, e.g. violations of state or federal criminal laws. I understand that such access is for the purpose of considering my application as a volunteer, and will be kept confidential, and that I expressly **DO NOT** authorize Celtic Charms Therapeutic Horsemanship, its trustees, officers, employees, or other volunteers to disseminate this information in any way to any other individual group, agency, organization or corporation.

Signature: _____
Volunteer

Date: _____

References

All applicants are to provide two references, one personal (family member, friend etc.) and one professional (employer, teacher, coach, counselor, pastor, etc.)

Personal

Name: _____

Address: _____

Telephone #: _____

In what capacity do you know this person? _____

When is the best time to call? _____

Professional

Name: _____

Address: _____

Telephone #: _____

In what capacity do you know this person? _____

When is the best time to call? _____

Celtic Charms Therapeutic Horsemanship Availability

Name: _____ Date: _____

Please indicate below with a ✓ when you are able to volunteer. If you volunteer in lessons, remember that you need to attend the same day and time each week. **Please arrive 15 minutes before** the start of a lesson to assist with lesson preparation (groom and tack up horse, arena set up etc.).

Day	Tuesday	Wednesday	Thursday	Friday	Saturday*
Start time					
9:00	/	/	/	/	
10:00					
11:00					
12:00					
1:00					
2:00					/
3:00					/
4:00					/
5:00					/
6:00					/

Comment: _____

Celtic Charms Therapeutic Horsemanship Facility Policy

1. Safety is our highest priority. Please **observe** our **policies and posted signs**. Authorized personnel only on mounting blocks and ramps.
2. **Confidentiality** is also very important. Any information regarding staff, students, volunteers, visitors and critters is strictly confidential and **not to be disseminated**.
3. Photography/video is not permitted without prior permission from staff.
4. All riders must be dressed appropriately for safe riding. An ASTM- and SEI-approved riding helmet, properly fitted and secured, is mandatory when riding. Long pants and riding boots are required with shirts/jackets tucked in or zippered. Long hair must be tied back and dangling jewelry left at home. **No clogs or sandals to be worn by anyone around the horses.**
5. Either a parent or instructor must accompany students **at all times**.
6. **Parents, legal guardians or caregivers** must **remain** on the **premises** during lessons if the participant is under the age of 14 or if the participant is in the care of a parent, legal guardian or caregiver. **No student drop offs are permitted.**
7. A parent or other responsible adult must accompany, **and supervise**, children under the age of 14 at all times.
8. **Eating and drinking** while riding is **not permitted** – this includes chewing gum!
9. Please **refrain** from **offering food** to students without permission as they may have a medical condition such as **food allergies**, diabetes, etc.
10. Any **conflicts** should be **handled immediately** between the parties involved and staff. Please contact the Program Director if concerns are not being addressed or resolved.
11. The **speed limit** on Celtic Charms property is **5 mph**. Please park within the designated area only and ensure car alarms are off.
12. **Smoking, alcohol or illegal substances are not permitted anywhere on the property.**
13. For the safety of all, please make sure your **cell phones** are left in the car or **turned off**. Unexpected noises may startle the horse and cause them to panic.
14. **No pets** are permitted anywhere on the premises. Please leave them at home where they will be safe and comfortable.
15. Behave **calmly** around **horses**. Soft voices only and no running.
16. Please **do not feed the horses or animals** as hand feeding encourages biting. It is also important for the horse's health that we monitor what they eat. Horse treats are to be placed in designated treat buckets only and distributed by staff when appropriate.
17. Remember to **tidy up** after **yourself**. This helps to keep the premises safe, neat and clean.

Celtic Charms Therapeutic Horsemanship Attire

The following attire is required by all volunteers. This is for your safety and the safety of others:

1. Dress for mess, but don't dress a mess! You will stand in poop at some point. While the horse is shedding, its coat will transfer to you. Be prepared to get dirty; however, be sure that your clothing is neat and tidy with loose shirts tucked in and weather appropriate. Dress in layers that can be removed or added as needed.
2. Proper-fitting, closed-toed **shoes** that you can run in are required. Paddock boots, sturdy work boots or hiking boots preferable. If a horse spooks you need to be able to keep up with the horse and not fall out of or trip over loose shoes.
3. **Long pants** are strongly recommended to protect you from bugs. When the weather warms up, modesty is important. Please avoid wearing spaghetti straps, short shorts, and low-cut tops so as not to distract our students.
4. Be aware that rings and other **jewelry** can get caught up in lead ropes. Students may reach for **hair**, dangling or loop earrings and chunky jewelry. Tie hair back and keep chunky jewelry at home.
5. Avoid wearing perfumes or strong smelling deodorant.
6. Wear your name tag, located at the volunteer whiteboard, when volunteering at Celtic Charms.