

HOPE RIDES VOLUNTEER APPLICATION PACKET

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Dear Applicant,

Thank you for your interest in Hope Rides. We commend you for your interest in using your time, knowledge, gifts, skills and resources in efforts to give back and make a positive difference in the lives of others.

At Hope Rides, our mission is to open doorways of hope and create opportunities for personal growth through connecting people and horses.

We accomplish this by connecting horses and people together. We learn not only about horses but from the horses. Hope rides provides a safe and nurturing environment that offers opportunities for individuals to expand perspectives and grow in faith.

We appreciate your interest in serving through Hope Rides and look forward to reviewing your application.

Hope Rides
Vollie Heitkamp
Founder and President Hope Rides
612.310.6350
vollie@hoperides.org
www.hoperides.org

About Hope Rides

What is Hope Rides

Incorporated in 2006, Hope Rides started from a nudge, one horse, and a handful of horse loving kids. Hope Rides located in Mayer Minnesota. Hope Rides is a registered 501(c)(3) non-profit organization that uses the interaction between humans and horses to assist youth and adults in developing important life skills (including leadership, accountability, responsibility, respect, service, reflection, and listening). Instruction in horsemanship is provided in a supportive, non-threatening environment. Participants are provided an opportunity to learn about horses and gain self-awareness, self-confidence and develop important life-related skills that support the process of personal growth and enhance their hope for the future.

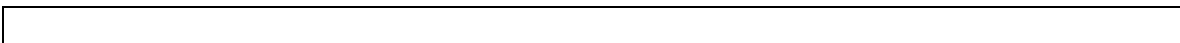
Goals and Purpose

At **Hope Rides**, our mission is to open doorways of hope and grow in faith by connecting horses and youth.

Who We Serve

Hope Rides provides are designed around the needs of at risk youth. We provide free horse related youth mentoring programs to children between the ages of 5-18 who desire the opportunity to connect with horses. It is our highest privilege to serve and support individuals of all ages, abilities and interest levels.

In addition to our free programs Hope Rides does also have a handful of fee based programs such as private riding lessons. Hope Rides maintains the right to make referrals based upon specific needs of those seeking horse related services. This is to ensure that the specific needs of an individual are considered and handling in a way appropriate to their specific needs.



Hope Rides Student Code Of Conduct

Hope Rides is dedicated to creating welcoming and safe environment that encourages growth. It is critical that all individuals involved with Hope Rides clearly understands that we have a **ZERO tolerance for any behavior that is disrespectful, unlawful, or harmful emotionally, physically or mentally to anyone or anything associated to Hope Rides.** Any individual who disregards or shows an unwillingness to adhere to the Hope Rides rules will be at risk for permanent and immediate removal from the program.

*Volunteers are only allowed access to Hope Rides horses during the set Hope Rides program times and dates as determined by Hope Rides authorized personnel (Board/Executive Director). Under no circumstances is a volunteer allowed to conduct a sessions or provide horse time using Hope Rides horses or Hope Rides name outside of time sanctioned authorized by Hope Rides.

*Volunteers are expected to be polite and respectful at all times of others, this includes their personal space, boundaries, and belongings. Volunteers are expected to be respectful of any property and materials associated to Hope Rides events and programming. Any behavior that has the potential to cause damage physically, emotionally or mentally to any member or property associated to Hope Rides will absolutely not be tolerated.

* Profanity, offensive language, and inappropriate jokes or comments are not tolerated.

* Inappropriate touching or invasion of another's personal space is absolutely not tolerated.

*Any general behavior that has the potential to cause harm emotionally, physically or mentally to any individual or anyone associated with programming at Hope Rides is not tolerated.

*If a verbal warning is given and volunteer continues to act in a way not acceptable to Hope Rides, we will move into the consequence phase and consequences will be administered as appropriate.

*We encourage anyone who witnesses or who may personally be experiencing any difficulties associated to programs or contacts made through Hope Rides to bring it to the attention of a lead staff member they feel comfortable talking to.

* During programming, there is to be no use of electronic devices. All cell phones, ipods, Blackberries, etc. should be turned off or on vibrate.

* Only perform tasks you are qualified to do. If uncertain, ask the instructor, other staff members, or an volunteer to help you.

* Appropriate dress is required.

* Remember that as a participant you are representing Hope Rides. Your conduct is expected reflect within reason the values and mission of Hope Rides.

* Any visitors or guests need to be okayed ahead of time by lead instructor. This is for the safety and protection of participants, volunteers and horses.

Consequences for breach of code of conduct:

1. Verbal Warning
2. Meeting between Volunteer/Leader/Hope Rides Witness to determine further status at Hope Rides.

**There is no room for disrespectful, harmful or unlawful behavior at Hope Rides.
It simply will not be tolerated.**

Dress Code

* The appropriate attire includes long pants, shirt with sleeves, either long or short, closed toed shoes, preferably cowboy boots with a one to two inch heel.

*A hat and sunscreen are recommended, as we do spend periods of time outdoors.

*No jewelry or loose hanging objects attached to or hanging from your body.

Attendance

* If unable to make it to a committed time, at least 48 hours advanced notice needs to be given to the coordinator, to ensure that we have adequate time to adjust scheduling.

* When serving at Hope Rides function you are expected to be polite, respectful and following, and take direction from your personal point of contact for the event. Remember that as a participant you are representing Hope Rides. Your conduct should reflect the values and mission of Hope Rides.

Volunteer Requirements:

*Volunteers must be at least 15 years of age.

*Volunteers must have the necessary training and experience associated with any

particular volunteer role in which they are applying to. The application and interview are tools to help determine appropriate fit.

*Must have ability or means to get transportation to and from programming site.

*Must be able to commit to the program season in which applying for. All session dates are laid out in advance and need to know at time of application which dates are in conflict in order to receive an excused absence in advance and prior to program start. The scheduling of program sessions is tied directly to volunteer number of volunteers we have available on any given date so schedule conflicts must be identified at time of application. No shows or last minute changes do not work in the HR format. Volunteers must be highly committed to the volunteer schedules they commit to prior to the start of programming and have ability to see it through.

General Program Logistics Expectations:

* Required paperwork and fees must be completed and submitted by program application deadlines.

* Hope Rides volunteers must abide by the Code of Conduct and follow the Dress Code at all Hope Rides related functions and activities.

* Volunteers are expected to arrive promptly at start time and have arrangements for pick up promptly upon the close of programming.

* Come ready to have fun and with an attitude of participation!

* Failure to follow any of these rules, guidelines and expectations is grounds for removal from the ability to participate in the program or other ranch functions.

As a volunteer at Hope Rides, I have read, understand and agree to abide by the standards, rules, guidelines and expectations of Hope Rides. I believe these rules to be reasonable and within my ability to adhere to. I understand that if I fail to comply with any rules, standards or expectations of Hope Rides and the code of conduct, that there will be consequences for my actions and that repeat failure to comply with any of these rules or expectations is grounds for immediate removal from the program.

Volunteer Signature: _____

Parent/Guardian Signature: _____

(If under 18)

Volunteer Application Form for Hope Rides

Name: _____ Date: _____
 Last First MI

Date of Birth: _____ Current Age: _____ Gender: (circle one) M F

Mailing Address: _____

City, State, Zip: _____

Phone Numbers: Home _____ Work _____ Cell _____

Please circle your preferred contact number: Home Work Cell

E-mail Address: _____

Emergency Contact: Name _____ Number _____
Relationship _____

How did you learn about Hope Rides?

Why do you want to volunteer with Hope Rides and what are your reasons for volunteering?

How do you want to help with Hope Rides?

What specific **NON RELATED HORSE** skills interests, talents, or experience do you have that you would be willing or interested in putting to use to support Hope Rides? Please use this space to tell us about your **NON RELATED HORSE SKILLS**... we want to know what gifts, skills, resources, interests, experiences and expertise you have that you would be willing to share in support of Hope Rides.

In addition to the specific items you shared above, please indicate which additional ways you would be willing to support Hope Rides. (Not limited to, but possible ways you can consider helping.)

- Bake, cook or purchase food items for a Hope Rides event.
- If willing to donate a skill or service please indicate that service in the space provided. (can be an ongoing or event specific)
- _____
- Serve on a committee for a Hope Rides fundraising event or Hope Rides related service team
- Lawn Service at the farm
- Donate Hay
- Building and Contract Services
- Snow removal
- Print Services
- Material donations for Hope Rides related grounds and maintenance projects.

Volunteer Roles and Availability:

Due to the nature of our program Hope Rides has different volunteer roles that require different levels of volunteer commitment. Some roles take place weekly with specific set schedules while others are project based. In regards to project or event based needs you would be contacted once a specific project need and date is determined to see if you would be available to volunteer in a specific support role. To help us better understand your specific volunteer interest please indicate which capacity you are interested in volunteering at Hope Rides by placing an "x" in the field below.

- I am interested in volunteering on a weekly basis directly with the horses and youth.
- I am interested in volunteering on a weekly basis primarily with the horses only.
- I am interested in volunteering on a weekly basis primarily with the youth in light or non-horse (direct) related activities.
- I am interested in volunteering for a specific Hope Rides Event or Project.
- Other: Please use this space to better help us understand your specific volunteer interest or availability.

Currently, Hope Rides regular programming takes place on Tuesday, Thursday, Saturday and Sunday afternoons and evenings. If interested in serving as a session leader in our weekly programming, please indicate your availability by placing an 'X' on the appropriate line.

I am available to volunteer with Hope Rides on the following:

<u>Morning (9-12)</u>	<u>Afternoon (12-4)</u>	<u>Evening(4:30-7)</u>
Tues _____	Tues _____	Tues _____
Wed _____	Wed _____	Wed _____
Thurs _____	Thurs _____	Thurs _____
Sat _____	Sat _____	Sat _____
Sun _____	Sun _____	Sun _____

Other Availability:

Please list any dates with known conflicts:

In the space below please indicate any other days and times during the week that you are available to volunteer.

In the space below please feel free to mention any volunteer related thoughts or concerns you have that you would like to share.

Self Assessment of Skills and Knowledge:

Please rank yourself in the following areas using the guidelines listed below

- 1= none/very limited experience (under 10 hours)
- 2= limited/beginning experience (10-25 hours)
- 3= intermediate experience (25-35 hours)
- 4= advanced intermediate experience (35-50 hours)
- 5= very experienced (over 50 hours)

	1	2	3	4	5
Grooming experience, including brushing, hoof and skin/hair care					
Lunging a horse without a rider					
Lunging a horse with a rider					
Horse handling, including haltering and leading					
Riding experience – lessons					
Riding experience – showing					
Riding experience – trail riding					

Please rank yourself in the following areas using the guidelines listed below

- 1= not confident or experienced
- 2= limited confidence or experience
- 3= somewhat confident or experienced
- 4= confident or experienced
- 5= very confident or experienced

	1	2	3	4	5
Identification of tack, including halter, lead rope, bridle, saddle					
Proper use of tack, including halter,					

lead rope, bridle, saddle					
Properly securing a horse; haltering, tying, crossties					
Proper bridling and saddling techniques					
Names and functions of equipment					
Ability to interact with others including, instructors, volunteers and participants					
Communicating with others including instructors, volunteers and participants					

Please answer the following questions to help us place you in the most appropriate volunteer position.

Horse Related

My specific horse-related experiences include the following:

What do I understand best and least about the subject of the horse? What are my strengths and weaknesses related to horses?

What horse skills do I need to improve on and what can I do to accomplish improvement?

People Related

What do I understand best and least about the subject of people?

What are my strengths and weaknesses related to people? What can/did I do to improve the weak points?

What specific people skills do I need to improve and how can I improve them?

Volunteer Experience

My previous mentoring or other volunteer experiences include:

What was the most valuable thing I learned from previous experiences?

What was most satisfying about a previous or similar volunteer experience? Most frustrating? My responsibility for each experience?

What is my specific interest in volunteering?

What are my strengths and weaknesses as a volunteer?

What do I expect to learn or obtain from volunteering with Hope Rides?

Other

Outside of horses my life experience includes? (Tell about yourself)

What other skills, gift, talents or expertise do I have that I enjoy and would be willing to share with Hope Rides in a volunteer role either horse or non-horse related?

What do I need to learn next about horses and people in order to best use my gifts and abilities?

Reference Form for Hope Rides Volunteers

Volunteer Applicant: Please list three non-family members who have known you for a minimum of three years to provide a reference for you.

Applicant's name: _____

Applicant's contact number: _____

Reference name: _____

Relationship to applicant: _____

Organization associated with: _____

How long has this person known you: _____

Contact number: _____

Reference name: _____

Relationship to applicant: _____

Organization associated with: _____

How long has this person known you: _____

Contact number: _____

Reference name: _____

Relationship to applicant: _____

Organization associated with: _____

How long has this person known you: _____

Contact number: _____

Hope Rides Agreement & Release from Liability Form

This agreement is made and entered into on the _____ day of _____, _____ by and between _____ (participant if 18 or parent/guardian), who resides at _____ (street address, city, state, zip) hereafter referred to as "I" and Hope Rides at 12801 Do Little Drive Minnetonka MN 55305.

Full Name(s) of individuals requesting involvement with Hope Rides - if under age or guardianship. (participants, volunteers, visitors, spectators)

- 1. _____ Age. _____ DOB _____
- 2. _____ Age. _____ DOB _____
- 3. _____ Age. _____ DOB _____
- 4. _____ Age. _____ DOB _____

RELEASE OF LIABILITY AND HOLD HARMLESS

---WARNING---

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT THERE ARE INHERENT RISKS IN USING AND BEING AROUND CLOSE PROXIMITY TO HORSES. THOSE RISKS INCLUDE BODILY INJURY AND DEATH. I UNDERSTAND THAT HORSES ARE UNPREDICTABLE AND CAPABLE OF SUDDEN, UNEXPECTED, AND POTENTIALLY DANGEROUS MOVEMENTS DESPITE THEIR PRIOR HISTORY. I FURTHER UNDERSTAND THAT HORSES ARE EASILY FRIGHTENED BY SOUND, SUDDEN MOVEMENT, UNFAMILIAR OBJECTS, SMELLS, PERSONS, OR OTHER ANIMALS AND THAT THEY MAY RUN, BITE, BUCK, OR KICK. I UNDERSTANT THAT HORSES MAY ALSO ENCOUNTER NATURAL HAZARDS, SUCH AS SURFACE OR SUBSURFACE CONDITIONS AND MAY REACT UNPREDICTABLY AND THAT THEY MAY EVEN COLLIDE WITH OTHER OBJECTS, PERSONS, OR ANIMALS. I UNDERSTAND THAT RIDERS CAN ALSO FALL OFF OF HORSES AND INJURE THEMSELVES.

All parts of this agreement shall apply to me and the minors listed below and shall be valid and binding at all times, now and in the future, when I am on the premises of Shadow Creek Stable, Equine Haven, MarCour (Hollywood) Stable or at any location associated to Hope Rides for any purpose related to or in conjunction with Hope Rides events, activities, field trips, or programming related items.

It is hereby agreed to as follows:

- 1. That I, the undersigned, do for myself or on behalf of my child or legal ward, hereby voluntarily request to participate in riding and horse related activities and instruction as a visitor, participant, student or volunteer with Hope Rides at Site locations of Shadow Creek Stable, Equine Haven and Hollywood Stables as well as any other remote locations associated to Hope Rides programming, events and activities.
- 2. Assumption of Risk and Waiver and Release: That I, the parent or legal guardian or adult volunteer, understand that horses are unpredictable by nature; that when frightened, angry or under stress, a horse's natural instinct is to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up in front or to bite; that horses are extremely powerful ; and that if a student or volunteer falls to the ground or gets in the way of a frightened horse, that damaging injury can result. I acknowledge and understand these risks and I voluntarily assume these risks and dangers. I hereby represent that I am capable of using and being in close promimity to horse and their environment. I further represent that I am competent and capale to participate in the activities that I will be participating in. I agree to personally and fully assume the risks

associated with my presence and participation at Hope Rides and any establishments associated to Hope Rides programs, events and activities. Therefore, I hereby release, waive, and forever discharge Hope Rides and any site locations associated with Hope Rides programs, its owners, share holders, employees, agents, officers, and directors from any and every claim, demand, action or right of action, of whatever kind of nature, either in law or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, death, or property damage resulting during my presences or involvement with Hope Rides while at any site locations associated to Hope Rides programs, events or activities, whether or not such injury, property damage or death is caused by negligence. I assume full responsibility for the risk of bodily injury, death or property damage, during my presence or involvement of any kind with Hope Rides. I hold Hope Rides and all locations associated to Hope Rides programs, events and activities and its owners, shareholders, employees, agents, officers, and directors harmless for any liability therefore. Hope Rides conducts regular scheduled programming at events at three site locations. They include Shadow Creek Stables in Forest Lake MN, Equine Haven in Stacy MN, Hollywood Stables in Mayer MN as well as a host of other locations that we visit during programming for education and learning purposes.) In signing this you are acknowledging that while associated to programming, any event, activity or premise that Hope Rides may visit for the purpose of programming that you release any and all of these locations, owners, shareholders, employees, agents and officers and directors harmless for any liability thereafter and forever.

3. Helmet use: That I have been advised that participant(s) are to wear an equestrian ASTM/SEI certified helmet (provided) when around and working with the horses or in barn and that neither Hope Rides, Shadow Creek Stable or Equine Haven or any of its assistants or agents can guarantee the suitability of any helmet provided.
4. Attire: That I have been advised that participant(s) are to wear protective clothing such as long pants and closed-toed shoes that cover and protect the entire foot.
5. Insurance: That the participant(s) is currently covered by accident-medical insurance and will remain insured for the duration of all instruction while participating with Hope Rides.

Name of Insurance Company _____

Insurance Policy Number _____

That I further understand that should any medical treatment be required, the current insurance number here listed will be provided to the attending clinic or hospital to cover future payment of incurred bills.

6. That this agreement is entered into in the state of Minnesota and will be interpreted and enforced under the laws of that state.
7. Knowing and Voluntary Execution: Upon the signing of this agreement, the student (if 18) and parent/legal guardian acknowledges that he/she has read or has had their legal guardian explain the content provided here and agrees to be bound to the contents of this agreement.
8. Photography, Film and testimonials: I as legal guardian of named participants or myself, give permission to Hope Rides to use any pictures, film footage, or testimonials acquired during Hope Rides events for Hope Rides public relations & marketing usage.
9. Transportation: I, as legal guardian of named participants or myself, understand that as part of programming at Hope Rides participants will have the opportunity to go on field trips & I give permission to Hope Rides to transport me or my child to & from field trips, programming or Hope Rides events. I understand the risks of allowing my child to ride

in a motorized vehicle & assume full responsibility for any & all bodily injury, losses, or damages that may occur to the above named participant(s). In doing so I release all & any Hope Rides related program locations, owners, shareholders, employees, agents & officers and directors harmless for any liability thereafter & forever.

10. Voluntary Driving: I, as legal guardian of named participant or myself, understand that if I willingly volunteer to transport Hope Rides participants for any reason, that I will maintain a current drivers license, not be under the influence of any alcohol, drugs, or intoxicants that could be potentially dangerous or impair driving or judgement in any way. I recognize the responsibility of safe driving and will take every necessary precaution to ensure that those participants under my driving care are kept safe. In the event that participants under my driving care are injured in anyway, I understand the risks of operating a motorized vehicle and assume full responsibility for any and all bodily injury, losses, or damages that may occur.

I understand that I am assuming 100% of the risk of injury or death directly or indirectly arising as a result of my participation and presence at Hope Rides. This release shall be governed by the laws of the State of Minnesota. If any portion of this release is held invalid by a court, it is agreed that the remainder of this release shall continue in full legal force and effect notwithstanding the invalidity of any portion of it.

If I have requested that you allow a minor child or children of mine to be present at Hope Rides, then the provisions of this release and hold harmless shall apply to such child or children. I represent that I have the legal authority to enter into this release on behalf of the minor child or children.

This release is given on behalf of myself, spouse, legal representatives, administrators, executors, heirs, and assigns and in the case of any child or children of mine, on behalf of them, their legal representatives, administrators, executors, heirs, and assigns. This release is an ongoing release and remains in effect until I have revoked it in writing.

I understand that this document is a contract and agree that if a lawsuit is filed against Hope Rides and any site locations associated to Hope Rides, its owners, shareholders, agents, and/or employees for any injury or damages in breach of this release, I will pay all attorneys' fees and const incurred to defend that lawsuit.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS AN AGREEMENT AND PROMISE NOT TO SUE AND A RELEASE AND INDEMNITY FOR ALL CLAIMS.

I ACKNOWLEDGE AND AFFIRM THAT I HAVE CAREFULLY READ THE CONTENTS OF THIS RELEASE, FULLY UNDERSTAND ITS MEANING, AND SIGN THIS RELEASE VOLUNTARILY.

Dated: _____

Signature of Rider or if minor, Parent of
Minor Child

Signature of Minor Child

Printed Name of Rider or Minor Child

Address: _____

Phone: _____ Email: _____

Hope Rides Authorization For Medical Treatment

Office Use Only:

Date Received:

Medical History:

Student/Volunteer Name: _____

Phone: _____

Physician Name: _____

Phone: _____

Preferred Medical Facility: _____

Phone: _____

Health Insurance Co: _____

Policy Number: _____

Environmental Allergies / Allergies to Medication:

Current Medications:

Please list two people who may be contacted in case of emergency:

Name: _____

Phone: _____ Alternate: _____

Name: _____

Phone: _____ Alternate: _____

Consent To Medical Treatment:

In the event emergency medical treatment is required due to illness or injury during the process of receiving services, or while being on the property of Shadow Creek Stables, Equine Haven, or any other property while participating in Hope Rides programming and activities, I give permission for Hope Rides to:

1. Secure and retain medical treatment and transportation if needed.
2. Release medical records upon request to the authorized individual or agency involved in the medical emergency treatment
3. Authorize the use of x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician.

These actions will only be taken if the emergency contacts are unable to be reached.

I give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving service or while being on under the supervision of Hope Rides agency.

Consent Signature: _____ Date: _____
Volunteer, Parent or Guardian

Non-Consent Signature: _____ Date: _____
Parent/Guardian

Non-Consent Plan

In the event emergency medical treatment is required due to illness or injury during the process of receiving services or while being on the property of Shadow Creek Stable, Equine Haven or any other property while participating in Hope Rides programming and activities, I wish for the following procedures to take place:

Non-Consent Signature: _____ Date: _____
Volunteer

Non-Consent Signature: _____ Date: _____
Parent/Guardian

Photo/Testimonials Release

I do consent _____ / do not consent _____ to and authorize the use of any and all photographs, audiovisuals or verbal testimonials to be used for promotional, educational or exhibition or any other use to benefit Hope Rides Org.

Signature of Release _____ Date _____
Volunteer, Parent or Guardian