



Ivy Hill Therapeutic Equestrian Center Volunteer Application

1811 Mill Road
Perkasie, PA 18944

215-822-2515

volunteer.mgr@ivyhillequestrian.org
www.ivyhillequestrian.org

Ivy Hill's therapeutic program runs 5 days a week, 50 weeks a year. Our volunteers are the heart of Ivy Hill and work as a team with our instructors and staff to provide the best care and service to our riders, horses, facility and grounds. Giving time, talent, and enthusiasm, our volunteers are part of the bond that is the Ivy Hill Family.

Without the dedication and hard work of our volunteers, our mission would not be possible.

We welcome all individuals and groups and all levels of experience in volunteering, and we have a variety of needs. If you are looking for a life-changing opportunity to enrich your life and another's hopes and dreams, we welcome you to the Ivy Hill Family.

WHAT WE LOOK FOR:

- Volunteers should be able to work independently with minimal supervision.
- Volunteering for horse care, lesson assistance or facility maintenance requires moderate physical activity. Please make sure you are comfortable with the level of work you choose.
- Assignment and schedules are based on experience, availability and area of interest. We ask for a consistent commitment to your scheduled shifts each week.
- Bring your work ethic, your commitment to service, your enthusiasm and sense of humor, and an open heart.

Become part of the equation:
Horses + Love = Hope

Volunteer Background Information

Name:

Street Address:	
City, State & Zip:	
E-mail Address:	
Primary Phone:	
Secondary Phone:	
Date of Birth:	
Employer/School:	
Parent/Legal Guardian Name:	
Parent/Legal Guardian Phone:	

School/Employer Information

If employed does your employer match donations given to non-profits?	D	Yes	D	No
If employed does your employer require volunteer hours/service projects?	D	Yes	D	No
If attending school are you doing this for service hours or class requirements?	D	Yes	D	No

If you answered yes to any of the questions above, please describe below:

Please be sure to provide the Volunteer Coordinators with any necessary paperwork regarding projects related to volunteering.

Availability

Please indicate below what times you are available to volunteer on specific days. Note that listing availability does not mean that you must work that shift, this is just a general outline.

Day	Availability				Times
Sunday	D	Yes	D	No	
Monday	D	Yes	D	No	
Tuesday	D	Yes	D	No	
Wednesday	D	Yes	D	No	
Thursday	D	Yes	D	No	
Friday	D	Yes	D	No	
Saturday	D	Yes	D	No	

Confidentiality Release

Ivy Hill shall preserve and respect the right of confidentiality for all individuals in our program. Individuals include students, volunteers, or staff members. Our volunteers and staff are held to confidentiality by HIPAA and must keep confidential any and all medical, social, referral, personal, and financial information regarding individuals and their families in our program, this includes but is not limited to: students, volunteers, or staff members.

I, _____, understand and agree to abide by the confidentiality policy of Ivy Hill.

Printed Name of Volunteer:

Signature of Volunteer:

Printed Name of Parent/Guardian:

Signature of Guardian:

Date:

Liability Release Form

_____ (participant's name) would like to participate as a volunteer in the Therapeutic Horseback Riding Programs. By signing this form, I acknowledge the potential risks of injury or death from equine activities. I hereby, intending to be legally bound, for myself, my heirs, executor or administrators, waive and release all claims for damages I may have against Ivy Hill Foundation, its Board of Trustees & Directors, Instructors, Therapists, Volunteers, and/or Employees, its hosting facility, its owners and associates for any and all injuries, and/or losses I/any individual I have guardianship over may sustain while participating in any and all activities at Ivy Hill.

Printed Name of Volunteer:

Signature of Volunteer:

Printed Name of Parent/Guardian:

Signature of Guardian:

Date:

Media & Video/Photo Release

I hereby

- consent
- do not consent

to and authorize the use and reproduction by Ivy Hill Foundation, Inc. and Ivy Hill Equestrian of any and all photographs and any other audiovisual and printed materials of myself/any individual I have guardianship over for the promotional and educational activities or other uses for the benefit of the programs at Ivy Hill.

Printed Name of Volunteer:

Signature of Volunteer:

Printed Name of Parent/Guardian:

Signature of Guardian:

Date:

Background Information

Have you ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you lived in Pennsylvania for a minimum of 10 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have copies of your clearances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you CPR certified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I, _____, authorize Ivy Hill to retrieve any and all information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state and federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly do NOT authorize Ivy Hill, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Note: A criminal record will not exclude you from volunteering at Ivy Hill.

Printed Name of Volunteer:	
Signature of Volunteer:	
Printed Name of Parent/Guardian:	
Signature of Guardian:	
Date:	

Whistleblower Policy

No individual who reports or complains about harassment or violation of Code of Conduct, or who assists the Company in an investigation of harassment, or violation of the Code of Conduct will be subject to retaliation. Any volunteer who has witnessed or experiences behavior believed to be retaliation or any volunteer aware of such behavior, has a responsibility to report the behavior immediately to a supervisor, Management Team member or Executive Director. Ivy Hill will not tolerate any effort to avoid, hinder or corrupt the complaint or investigation process, including refusal to cooperate with an investigation or knowingly making false statements to Management or Executive Director or the Board during the complaint or investigation process. Such actions may result in employment actions up to and including termination of employment.

I understand this policy and I agree to adhere to it.

Printed Name of Volunteer:	
Signature of Volunteer:	
Printed Name of Parent/Guardian:	
Signature of Guardian:	
Date:	

Authorization for Emergency Medical Treatment Form

Name:

Street Address:	
City, State & Zip:	
Physician's Name:	
Primary Medical Facility:	
Health Insurance Company:	
Policy Number:	
Current Medication(s):	
Allergies to Medication(s):	
Date of Last Physical:	

Please describe your general current health status. Address fitness, cardiac, respiratory, bone or joint function, mental health, recent hospitalizations/surgeries, and/or lifestyle changes that may be imperative to know while you are volunteering at Ivy Hill.

Are you able to walk for 45 minutes & jog short distances?

- Yes
- No

In the event of an emergency, contact:

Person 1:	
Relation:	
Phone:	
Person 2:	
Relation:	
Phone:	

Consent for Treatment Plan

In the event of an 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 Ivy Hill to:

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

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed lifesaving by the doctor or first responder. This provision will only be invoked if the person(s) above is unable to be reached.

Printed Name of Volunteer: _____

Signature of Volunteer: _____

Printed Name of Parent/Guardian: _____

Signature of Guardian: _____

Date: _____

Non-Consent for Treatment 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 which case, one of the following must occur:

- Parent or legal guardian will remain on site at all times while volunteering is occurring.
- In the event emergency treatment/aid is required, I wish the following procedure to take place:

Printed Name of Volunteer: _____

Signature of Volunteer: _____

Printed Name of Parent/Guardian: _____

Signature of Guardian: _____

Date: _____

Volunteer Self-Skills Assessment:

Ivy Hill is a busy facility with many different volunteer duties. The following is a list of some of the tasks that you may be asked to perform. Please circle yes/no for each category and complete the survey for that category if applicable.

Categories	Experienced & Comfortable	Little Experience & Willing to Learn	No Interest
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Barn Chores & Feedings

- Yes
- No

Cleaning Stalls			
Cleaning/Organizing Tack			
Loading/Moving Hay			
Feeding Horses			

Horse Care

- Yes
- No

Bathing Horses			
Grooming Horses			
Picking Hooves			
Leading Horses			

Lessons

- Yes
- No

Leading in Lessons			
Side walking in Lessons			
Working with Children			
Working with Adults			
Working with Special Needs			
Instructing Lessons			

Categories	Experienced & Comfortable	Little Experience & Willing to Learn	No Interest
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Administration & Special Events

- Yes
- No

Answering Phones			
Data Entry			
Copying			
Filing/Organizing			
Computer Program/Network			
Special Events/Fundraisers			
Newsletter			
Mailings			
Community outreach/events			
Media: Photography/video			
Board Member			
Committee Member			

Facility Maintenance

- Yes
- No

Mowing			
Weedwacking			
Weeding			
Gardening			

General Housekeeping

- Yes
- No

Sweeping			
Sanitizing			
Dusting			
Mopping			

Experience

Do you have experience working with horses?

- Yes
- No

If yes, please provide the following information of the most recent center you have worked/volunteered with.

Name of Program:

Contact Name:

Position:

Street Address:

City, State & Zip:

Phone:

E-mail:

Please describe your experience:

Do you have experience working with people with disabilities?

- Yes
- No

If yes, please provide the following information of the most recent center you have worked/volunteered with.

Name of Program:

Contact Name:

Position:

Street Address:

City, State & Zip:

Phone:

E-mail:

Please describe your experience:

Any additional comments/experiences, please describe below:

Facility Rules

1. This is a private facility – no one is permitted on premises without a staff member or representative from Ivy Hill.
2. Please do not hand-feed the horses - it can encourage biting. If you want to feed a treat, please ask permission from a staff person first, then place the treat in the horse's feed bucket.
3. Use quiet voices and walk (don't run) in the barn. Loud noises and sudden fast movements can startle horses.
4. All children must always be supervised.
5. Please be respectful during lessons & feedings - in the barn and/or in the riding rings. Please keep noise to a minimum and please do not interrupt sessions.
6. All ring gates are to remain closed during riding sessions.
7. No spectators in the ring during a lesson, unless given permission by the instructor.
8. All pets must be leashed or remain in your car. Service dogs are permitted in the facility. (This is for the safety of our riders and horses!)
9. No smoking on the property.
10. Clean up after yourself – this includes trash, brushes, tack, blankets, sweeping up after grooming, manure, etc.
11. Do not handle any horse without permission/explicit instruction first.
12. Do not leave horses unattended on crossties.
13. All horses must be led with a lead rope.
14. No volunteers are permitted in the office without permission of a staff person. Please use the laundry room to store belongings.

I understand that these rules are mandatory and failure to adhere to them may result in termination of my position.

Printed Name of Volunteer:

Signature of Volunteer:

Printed Name of Parent/Guardian:

Signature of Guardian:

Date:

For Office Use Only

Barn Training Date:

Classroom Training Date:

Lesson Training Date:

Pin Color:

Criminal Record Check Expiration Date:

Child Abuse Clearance Expiration Date:

FBI Clearance Expiration Date:

Special Olympic Certified (if yes, list county):



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