VOLUNTEER WITH US

332 Stable Lane Wentzville MO 63385 Phone (636) 332-4940 Fax (636) 332-4941 WWW.THSTL.ORG

Dear Prospective Volunteer,

TREE House of Greater St. Louis (TH) is one of the nation's oldest and most respected therapeutic riding programs. Founded in 1975 under the name Therapeutic Horsemanship, TH provides award-winning equestrian therapy programs for people with disabilities. TREE House of Greater St. Louis is a 501(c)(3) non-for-profit organization and is nationally accredited by the Professional Association of Therapeutic Horsemanship, Int'l (PATH, Int'l).

Thank you for your interest in TREE House of Greater St. Louis. Our volunteer program is an ongoing effort to meet the needs of our clients enrolled in therapeutic riding. Within the program, we have 2 levels of skill: side-walkers and leaders. Each level builds on the previous one. We will train you! No previous horse experience is necessary. Our volunteers also help out in the office, around the barn, and in the garden.

Our entry level volunteer position is a Sidewalker. This volunteer walks along the side of the horse and provides safety and stability to the riders as they work toward their therapeutic goals. We require a minimum of a two-three hour time commitment, same day each week. This is very different from most volunteer programs, where the volunteer is not necessarily tied down to a specific day and time. Here, if a volunteer does not show up...the client does not ride. Therefore, we require and greatly appreciate as much advance notice for any volunteer absence that may occur and truly appreciate that it doesn't happen often. Is this something you think you can do? Please let me know if you have any questions. Our beginning age for volunteering is 14...needless to say, it becomes a family commitment to make sure a volunteer who doesn't drive can follow through on the commitment to TH.

Your next step is to complete the Background Check process. Go to the Family Care Safety Registry website: https://webapp02.dhss.mo.gov/bsees . You may register online for about $13.25. Next you will need to fill out a TH application and either mail it or bring it with you when you come for training. I have attached the application packet for your convenience. Be sure to include your e-mail address on the application. We hold required Orientation and Sidewalker training sessions on various days. Please call me at 636-332-4940 to reserve your spot. Dress code is for a barn environment…shoes that cover your feet (no sandals!) and no short shorts! I'll eventually need to know what day and time you can volunteer on a regular basis. Below are the hours during which we offer therapy classes:

JANUARY-FEBRUARY: Monday and Tuesday: 9:30am - 7:00pm
Thursday: 9:00am - 7:00pm
Wednesday: 3:00pm - 7:00pm
Saturday: 9:00am - 4:00pm

MARCH-DECEMBER:

Monday and Tuesday:	9:30am - 8:00pm
Wednesday:	1:30pm - 8:00pm
Thursday:	10:30am - 8:00pm
Saturday:	9:00am - 4:30pm
Sunday:	9:00am - 4:30pm

Again, thank you for your interest in TREE House of Greater St. Louis. We are always in need of volunteers!

Sincerely,
Kathy Castellitto
Volunteer and Outreach Manager
TREE House of Greater St. Louis
volunteer@thstl.org

FOCUSING ON ABILITIES SINCE 1975

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Volunteer Application

Personal Information

(Use the exact name you registered with the Family Care Safety Registry for the background check.)

Mr. ☐ **Mrs.** ☐ First Name _____ MI _____ Last Name_____
Ms. ☐ **Dr.** ☐

Current Age: _____ (Must be at least 14 years old) Birth Date: _____

Veteran: Military Branch _____

Have you ever been convicted of a felony or other crime? ☐ Yes ☐ No If Yes, please explain:

_____

_____

Employment Information

Employer's Name _____

Occupation/Title _____

Street _____ Suite # _____

City _____ State _____ Zip Code _____

Mailing Address

☐ Home ☐ Work ☐ School ☐ Other

Street _____ Apartment # _____

City_____ County _____ State _____ Zip Code _____

Is anyone at this address already a volunteer here? Yes ☐ No ☐

If yes, what is his/her name? _____ What is his/her relationship to you? _____

Home Address (if different from above)

Street _____ Apartment # _____

City_____ County _____ State _____ Zip Code _____

Contact Information

Preferred Phone: ☐ Home ☐ Mobile ☐ Work

Home Phone: ( ) _____ **E-mail:** _____

Mobile/Cell: ( ) _____

Work Phone: ( ) _____

Fax: ( ) _____

Be sure that your contact information is legible!

About You…

Nick Name: _____ **Social Security #** _____-_____-_____
(This name will appear on your nametag!) *(Your SS# is required in order to run the mandatory Child Abuse/Neglect and Criminal Background Check.)*

I am available to volunteer on the following days: (Please circle day and time at which you are available.)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening		

How did you hear about TREE House of Greater St. Louis? _____

Do you have experience with horses? Yes ☐ No ☐ Please explain: _____

_____

Do you have experience with people with disabilities? Yes ☐ No ☐ Please explain: _____

_____

In which areas of our programs would you like to volunteer? (Please circle all that apply.)

YEAR-ROUND: Administration, Barn Work, Facility/Grounds Care, Fundraising, Horse Handler, Leader, Public Relations, Side Walker

SEASONAL: Camp Volunteer (June, July, and 1st week of August only)

Employed ☐ Part-time ☐ Full-time ☐ Retired ☐ Student ☐ Other ☐

☐ My employer offers a time-off program for volunteers.
☐ My employer offers a donation matching program.

What are your skills and interests? _____

_____

Highest level of Education *completed*: ☐ High School ☐ Tech School ☐ College ☐ Graduate School

Names of Schools: _____

What school do you currently attend, if any? _____ If your school has a volunteer program, what is the contact information of the person in charge? _____

Do you have previous volunteer experience? Yes ☐ No ☐
If yes, where? _____ For how long? _____

Do you have training in CPR or First Aid? Yes ☐ No ☐ If yes, please bring a copy of your card(s).

Have you volunteered with us before? Yes ☐ No ☐ If so, when and where? _____

Why do you want to become a TREE House volunteer? _____

_____

I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release TREE House from any liability whatsoever for supplying such information. I understand that I will not be paid for my services as a volunteer.

Applicant's Signature _____ **Date** _____
Legal Guardian's Signature _____ **Date** _____
(The Legal Guardian of the Applicant must sign if the Applicant is less than 18 years old.)

Volunteer Release and Indemnification Agreement

I acknowledge and understand the inherent risks of equine activities and that horsemanship experiences can result in injury and even death. In consideration for being accepted into the TREE House of Greater St. Louis (hereinafter "TH") volunteer program and for the benefits I receive from participating in the program, I, (please print) _____, hereby consent to assume the risks of my volunteer participation in the horsemanship programs sponsored by TH.

Accordingly, I hereby, intending to be legally bound, for myself, my heirs and assigns, executors, or administrators, waive and forever release, acquit, discharge and hold harmless TH, the owners of the facilities and properties on which TH conducts its horsemanship programs, including but not limited to the Rocking R Ranch and Wentzville Stables, and the officers, directors, agents, employees, representatives, therapists, instructors, and volunteers of TH and the facilities and properties on which TH conducts its horsemanship programs, and any other persons associated with TH's horsemanship program, and the successors and assigns of each of them, from all manner of claims, demands, and damages of every kind and nature whatsoever I may now or in the future have against these parties on account of any losses or personal injuries, physical or mental condition, known or unknown to myself, and the treatment thereof, as a result of, or in any way connected with TH's horsemanship programs, or growing out of acts of omission or caused by negligence or in any way incidental to TH's horsemanship programs.

Applicant's Signature: _____ Date: _____
Legal Guardian's Signature: _____ Date: _____
(The Legal Guardian of the Applicant must sign if the Applicant is less than 18 yrs old.)

WARNING

Under Missouri law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the Revised Statutes of Missouri.

TREE HOUSE OF GREATER ST. LOUIS
Therapy Recreation Education Exploration

PATH INTERNATIONAL
Professional Association of Therapeutic Horsemanship International
Ensuring excellence and changing lives through equine-assisted activities and therapies

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Photo Release

In consideration for being accepted into the TREE House (hereinafter "TH") volunteer program and for the valuable personal benefits I receive from participating in the program and promoting the program, I, (please print) _____, hereby ***AUTHORIZE*** TREE House of Greater St. Louis, its advertising agencies, or the news media to have photographs, films, or other audio-visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the TREE House of Greater St. Louis program. I hereby indemnify and hold TREE House of Greater St. Louis harmless against any and all claims of damages arising out of the use of any such photographs or films of me or audio-visual materials containing my image.

Applicant's Signature: _____ Date: _____

Legal Guardian's Signature: _____ Date: _____
(The Legal Guardian of the Applicant must sign if the Applicant is less than 18 yrs old.)

~~~OR~~~

I, (please print) _____, hereby ***DO NOT AUTHORIZE*** TREE House of Greater St. Louis, its advertising agencies, or the news media to have photographs, films, or other audio-visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the TREE House of Greater St. Louis program.

Applicant's Signature: _____ Date: _____

Legal Guardian's Signature: _____ Date: _____
(The Legal Guardian of the Applicant must sign if the Applicant is less than 18 yrs old.)

WARNING

Under Missouri law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the Revised Statutes of Missouri.

Volunteer Pledge and Commitment

I understand as a volunteer I am agreeing to help and support TREE House of Greater St. Louis (TH) and their needs, whatever they may be.

I understand that a student's right to privacy and a parent's right to privacy must be respected. Therefore I understand I am to hold such information in confidence and not to divulge the information to any person.

I have filled out the background check form and understand that I may be asked to refrain from volunteering at TH if the check comes back with any questionable information.

I will honor my schedule and commitment. I will try to be an appropriate model for my clients in my dress, language, and behavior. I will abide by the smoking policy and refrain from discussing my concerns with those who are not directly involved with the situation. I understand I am to bring any concerns to the Volunteer and Outreach Manager.

Date:_____

Signature:_____

Phone Number:_____

*As a parent or legal guardian, I understand the commitment that the above volunteer is making to TREE House of Greater St. Louis and will support that volunteer's efforts to be a contributing partner in helping TH achieve its mission.

Date:_____

*Legal Guardian's Signature:_____
(If applicant is under the age of 18)

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Authorization for Emergency Medical Treatment Form

□ Participant □ Staff □ Volunteer

Name:_____ DOB:_____
Phone: _____

Address:_____

Physician's Name:_____
Medical Facility:_____

Health Insurance Company:_____
Policy#:_____

Allergies to medications:_____

Current medications:_____

In the event of an emergency, contact:

Name:_____ Relation:_____ Phone:_____

Name:_____ Relation:_____ Phone:_____

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_____ to
(Operating Center's Name)

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.

Do you have any medical conditions you wish us to be aware of for safety reasons? (Please note this form is accessible to TREE House staff and volunteers.)

_____

_____

CONSENT PLAN

This authorization includes x-ray, 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.

Date:_____
Consent Signature:_____
Client, Parent or Legal Guardian

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 procedures to take place:

_____

_____

Date:_____ Consent Signature:_____
Client, Parent or Legal Guardian