



*At GaitWay Therapeutic Horsemanship, children and adults with disabilities will move beyond their boundaries through the healing power of the horse and the dedication of a professional, caring community*

## **Welcome to GaitWay!**

Thank you so much for your interest in GaitWay Therapeutic Horsemanship. We are excited that you want to become a volunteer. Our volunteers are the lifeblood of our center and our GaitWay riders could not achieve their goals without the help of wonderful people like you.

In addition to assisting the instructors as a lesson volunteer, there are many other volunteer opportunities to choose from. We feel that you will find a match for your special talents. The following pages include the description of some of the opportunities as well as volunteer registration forms. Please fill out the forms and return them to:

Shelley Rose Barry  
[SBarry@GaitWay.org](mailto:SBarry@GaitWay.org)

OR

6555 Pikes Lane  
Baton Rouge, LA 70808  
Fax: 255-757-1589

We look forward to having you on our GaitWay Team!

# Volunteer Opportunities

## Where do I fit?

At GaitWay we have an opportunity for everyone who is willing to give of their time and talent. Listed below is a brief description of jobs that need YOU. Take a look at them and see where you might fit.

### For hands-on interaction and physical exercise you might want to be a:

**Sidewalker** – The primary responsibility of a sidewalker is to maintain constant safety awareness, while providing physical and motivational support to the rider.

**Qualifications for Sidewalker** – Minimum age is 14. Be able to walk briskly in sand for 15-20 minutes. Jog intermittently for short periods of time while horse is trotting. Attend volunteer training and be committed for your time slot assignment.

### If you have experience with horses you might want to be a:

**Horse Leader** - The main responsibility of the leader is to control the horse during grooming and the lesson. It is the leader who must help in guiding, stopping and starting without making the rider feel that they are simply a passenger.

**Qualifications for Horse Leader** - Minimum age is 14. Must have experience with horses and be approved by the director. Attend hands-on training and be responsible for continued training as needed. Should be able to walk at a fast pace and jog intermittently during the lesson.

### If you like to organize and clean you might want to be a:

**Tack Master** – This job consists of helping our tack room stay clean and organized. Helping riding teams gather the tack specified for each lesson and make sure it all gets cleaned and put where it belongs.

**Qualifications for Tack Master** – Minimum age 14. Must be willing to attend one volunteer training session.

### If you want to work inside you might want to be a:

**Paper Jockey** – We have filing, data entry, phone calling that needs to be completed to keep our organization running. Flexible hours.

**Qualifications for Paper Jockey** – Minimum age 14. Must be willing to attend one volunteer training session.

**If you like to help plan parties and events you might want to be on the:**

**[Chuck Wagon Team](#)** – We will need folks to help with volunteer appreciation and riding events. This may entail menu planning, cooking, helping to serve, table set up and clean up.

***Qualifications for Chuck Wagon Team*** – Minimum age 14. Must be willing to attend one volunteer training session.

**If you want to assist in handy man/woman projects you may want to be a:**

***Roustabout*** – You will work on special projects for general maintenance purposes.

***Qualifications for Roustabout*** – Minimum age 14. Attend one volunteer training session.

**If you have computer skills you might want to be:**

**[Website Wrangler](#)** – responsible for keeping our website current.

***Qualifications for Website Wrangler*** – An understanding of basic HTML, CSS, Drupal, and some graphic design skills. A short drupal content management course will be provided. Areas that will require updates are “News & Events,” “Meet the Horses”, “Wish list”, “Staff”, “Calendar” and “Photo Gallery”.

**Background checks:**

***In order to insure the safety of our riders/clients and volunteers GaitWay reserves the right to perform a background check on all individuals 18 years of age and older.***



## GaitWay Therapeutic Horsemanship Volunteer Application *Please Print*

Name: \_\_\_\_\_ Date \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
(If under 18)

How did you find out about us? \_\_\_\_\_

Race \_\_\_\_\_ Height \_\_\_\_\_ Shirt Size \_\_\_\_\_ Fluent foreign language \_\_\_\_\_

**Emergency Contact Information:** Name/relationship \_\_\_\_\_

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

Employer/School: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Areas of interest:** (check all that apply)

Riding Classes \_\_\_\_\_ Tack Cleaning \_\_\_\_\_ Facility Maintenance \_\_\_\_\_ Horse Care \_\_\_\_\_

Office work \_\_\_\_\_ Fund Raising \_\_\_\_\_ Special Events \_\_\_\_\_ Other \_\_\_\_\_

**Experience working with horses:** little/none \_\_\_\_\_ some \_\_\_\_\_ considerable \_\_\_\_\_

Please describe briefly:

**Experience with people with disabilities:** little/none \_\_\_\_\_ some \_\_\_\_\_ considerable \_\_\_\_\_

Please describe briefly:

**Please indicate your availability. (Check all that apply)**

	8:00 – 10:00	10:00 – 12:00	12:00 – 2:00	2:00 – 4:00	4:00 -6:00	6:00 – 8:00
Tuesday						
Wednesday						
Thursday						
Friday	Classes not available at this time.					

 Tuesday & Thursday classes held at St. Gabriel site; Wednesday classes held at Port Allen site

Office Use Only

Volunteer Training Date: \_\_\_\_\_

4/30/10



**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

Volunteer/Participant's Name: \_\_\_\_\_  
Please Print

In case of Emergency, contact: _____	Phone(s): _____
Physician's Name: _____	_____
City: _____	Phone: _____
Preferred Medical Facility: _____	_____
Health Insurance Carrier: _____	Policy #: _____

Please indicate any allergies: \_\_\_\_\_

Please indicate any disability, limitations or medical conditions that may affect your volunteer role and that we should be aware of \_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

**CONSENT PLAN**

I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, any participation on my part at GaitWay, or while being on the property of GaitWay, I authorize GaitWay Therapeutic to:

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

Volunteer/Participant Consent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_  
(If volunteer/participant is under 18 years of age, **both** signatures are required)

**NON-CONSENT PLAN**

I do not give consent for emergency medical treatment/aid in the event of illness during the process of receiving services, any participation on my part at GaitWay, or while being on the property of GaitWay. In the event emergency treatment/aid is required, I wish the following procedures to take place: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer/Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent Guardian \_\_\_\_\_  
(If volunteer/participant is under 18 years of age, **both** signatures are required)

Volunteer/Participant Name: \_\_\_\_\_  
Please Print

4/30/10

**PHOTO RELEASE:**

\_\_\_\_\_ I **consent** to and authorize \_\_\_\_\_ I **do not** consent to nor do I authorize the use and reproduction by GaitWay of any and all photographs and any other audiovisual materials taken of me or my child or family member for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Volunteer/Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent Guardian \_\_\_\_\_  
(If volunteer/participant is under 18 years of age, **both** signatures are required)

**POLICY OF CONFIDENTIALITY:**

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of GaitWay Therapeutic Riding Center and not discuss or disclose any sensitive information about any person or their family.

Volunteer/Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent Guardian \_\_\_\_\_  
(If volunteer/participant is under 18 years of age, **both** signatures are required)

**PLEASE COMPLETE:**

Driver's  
License#: \_\_\_\_\_ State: \_\_\_\_\_  
Have you ever been convicted of a criminal offense? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, when \_\_\_\_\_  
Explain: \_\_\_\_\_

The above information may be verified and I give permission to make inquiry of others, including a background check, concerning my suitability to act as a volunteer at GaitWay.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent Guardian \_\_\_\_\_  
(If volunteer/participant is under 18 years of age, **both** signatures are required)

**ADULT LIABILITY RELEASE**  
**(For persons 18 Years and Older ONLY)**

I acknowledge the risks and potential for risks of horseback riding and working with horses, including but not limited to: falling or being thrown from a horse; being kicked, stepped on or bitten by a horse; hitting overhead objects; and/or injuries sustained while mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury and death. However, I feel that the possible benefits to be offered at GaitWay are greater than the risks assumed.

I hereby, intending to be legally bound for myself, my heirs, assigns, executors and administrators, waive and release forever all claims for damages against GaitWay Therapeutic Horsemanship, its directors, officers, landlord, agents, employees, clients, independent contractors and volunteers (collectively, "The Released Parties") from any and all claims, demands and causes of action of any and every kind or nature including any and all injuries and/or losses I may sustain while participating in activities at or sponsored by GaitWay or while on GaitWay property, from whatever cause, including but not limited to the negligence of The Released Parties.

I certify that I am 18 years of age or older and am fully competent to enter into this release. I have read this Release in its entirety. I understand the terms of this Release and have signed this Release voluntarily and with full knowledge of the effects thereof.

Volunteer/Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_

4/30/10

**RELEASE FOR A MINOR OR WARD**  
**(For persons Under 18 Years of Age**  
**OR for Adults Who Have a Legal Guardian)**

That I, \_\_\_\_\_, the undersigned, a parent/legal guardian of \_\_\_\_\_, for and in sole consideration of the privilege of permitting said person to participate in activities at or sponsored by GaitWay Therapeutic Horsemanship Center and recognizing that horse riding activities involve certain inherent dangers and risks to persons and property, do hereby agree to assume for myself and on behalf of my ward or child, the risks and dangers attendant to such activity, including but not limited to: falling or being thrown from a horse, being kicked, stepped on or bitten by a horse or other animal, and/or injuries sustained while riding, mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury and death. I am aware of these and other risks associated with horse riding activities, however, I feel that the possible benefits to be offered by GaitWay are greater than the risks assumed.

I hereby, intending to be legally bound for myself and my child/ward, heirs, assigns, executors and administrators, waive and release forever all claims for damages against GaitWay Therapeutic Horsemanship, its directors, officers, landlord, agents, employees, clients, independent contractors and volunteers (collectively, "The Released Parties") including any and all injuries and/or losses I or my child/ward may sustain while participating in activities at GaitWay or while on GaitWay property, from whatever cause, including but not limited to the sole or contributory negligence of all or any of The Released Parties.

**I DO HEREBY FURTHER AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, DAMAGES, CAUSES OF ACTION, ATTORNEY'S FEES AND EXPENSE OF LITIGATION FOR DEATH OR INJURY TO ANY PERSON OR FOR LOSS OF OR DAMAGE TO ANY PROPERTY ARISING OUT OF OR IN CONNECTION WITH MY CHILD/WARD'S PARTICIPATION IN ACTIVITIES AT OR SPONSORED BY GAITWAY. IT IS MY EXPRESS INTENTION THAT THE INDEMNITY PROVIDED FOR IN THIS PARAGRAPH IS AGREED TO BY THE UNDERSIGNED IN ORDER TO FULLY INDEMNIFY AND PROTECT GAITWAY FROM THE CONSEQUENCES OF THE RELEASED PARTIES' OWN NEGLIGENCE, WHETHER THAT NEGLIGENCE IS THE SOLE OR CONTRIBUTING CAUSE OF INJURY, DEATH OR DAMAGE.**

I, the undersigned, have read this waiver of liability, release, indemnification and hold harmless agreement and understand its terms. I execute it voluntarily and with full knowledge of its significance.

SIGNED this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian










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



## GaitWay

# Volunteer Code of Conduct

### I Will:

-  **Honor my commitment to the GaitWay riders.**
-  **Realize that constant mindfulness is necessary for safety.**
-  **Take seriously the importance of confidentiality.**
-  **Follow the directions of the GaitWay staff, supporting their intentions and remaining open to their guidance.**
-  **Show respect towards fellow volunteers.**
-  **Treat the GaitWay horses humanely, and with understanding, patience and care.**
-  **Help instill in our riders empathy and appreciation for the horses.**
-  **Help monitor and maintain the integrity of GaitWay's property, facilities and equipment.**
-  **Conduct myself in a wholesome and positive manner.**

I have read and understand the GaitWay Volunteer Code of Conduct and agree to uphold the above code of conduct.

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Signature of Volunteer

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Date

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Name (Please Print)

4/30/10