

## Greetings!

Thank you for your interest in volunteering. Therapeutic Riding Programs all over the world depend to a great extent on a caring and reliable volunteer staff. Without you and the gift of your time, energy and skills, we would not exist to offer our services to our community.

Please join us then as we accept the challenge to “**take the reins**” and preserve our mission:

We provide equine assisted activities to encourage individuals with special needs in reaching their potential  
for physical, behavioral, and social development  
in an environment of recreation and fun

Volunteer training is an ongoing process. What you learn in our volunteer training course will start you off on the right path with the information and tools you need to be an effective and productive volunteer. Our hope is that this training will provide you with a good foundation for your association with All Riders Up, and that your time spent with us will be safe, rewarding and fun. We want you to experience those positive gains, too! Many of our volunteers tell us that they feel they are getting as much therapy as the clients by being here and helping.

For some of you this will be your first time around either horses or individuals with special needs, or both. Even if you have handled horses for years, there are safety measures unique to therapeutic riding and policies unique to our program which we will need you to follow. You will be assigned a mentor and be required to complete a 5 phase training sequence:

- Phase I Watch NARHA\* volunteer training video
- Phase II Complete NARHA's Online Course (If you do not have access to a computer, please alert the Director immediately so other arrangements can be made.)
- Phase III Read the All Riders Up Handbook and complete all required forms
- Phase IV Submit Clear Pennsylvania Criminal Background and Child Abuse History Check\*\*
- Phase V Receive hands-on training with your All Riders Up Mentor, and read that workbook
- Phase VI Know emergency procedures and attend Emergency/Evacuation Drills

If at any time you are asked to do something which you are unsure about or uncomfortable with, please know that we expect you to speak up and decline participation.

All Riders Up is deeply appreciative of our volunteers. Whether you clean a stall, assist during therapy sessions, staff fundraising events or hold a horse for the farrier, your service is valued. My door is always open to you, and I am never more than a phone call away to give you the support you need.

Warm regards and my heartfelt thanks,

Marcia Laver

All Riders Up Executive Director

\*NARHA- North American Riding for the Handicapped Association

\*\*As a measure of our concern for the safety and well being of our clients and staff we require that you submit and clear a Pennsylvania Criminal Background Check. Because many of our students are under the age of 21 it is also required for their protection that a Sexual Abuse History Check be conducted on all persons who have contact with students.

# Required Forms

Name:

**Waiver and Release**

**Emergency Medical Treatment**

**Health History**

**Volunteer Information**

**Photo Release, Understanding and Agreement of Confidentiality**

**NARHA Online Certificate/Completion**

**Criminal History**

**Child Abuse Clearance**

**Basic Horse Safety Rules**

**Property and Barn Rules**

**Acknowledgement Form**

**Required Training**

**Mentoring Checklist**

**RELEASE: ALL VISITORS AND PARTICIPANTS (OR PARENT OR GUARDIAN IF UNDER 21) MUST SIGN THIS RELEASE, WAIVING LEGAL RIGHTS AGAINST ALL RIDERS UP, SWAN LAKE ARABIANS, AND ARTHUR AND MARCIA LAVER. IF YOU DO NOT SIGN A RELEASE YOU WILL NOT BE PERMITTED ON THE PROPERTY.**

**WAIVER AND RELEASE**

I, \_\_\_\_\_, a visitor to or participant in the **All Riders Up** equine assistance program or **Swan Lake Arabians** equine program (the "Program") or the parent or legal guardian of a visitor or participant in the Program, am aware that all activities involving horses, including but not limited to riding, driving, grooming, leading, and/or any events involving horses, pose many inherent dangers, risks, and hazards. These include but are not limited to bodily injury and physical harm to riders, instructors, therapists, aides, groomers, leaders, handlers, side walkers, photographers, spectators and/or any other helpers. I freely and fully assume all dangers, risks, and hazards and the possibility of injury, death, property damage or other loss resulting from such dangers, risks, and hazards. I understand that I or my child or ward should not participate in the Program or visit the property unless medically able. I agree to comply with Program rules and regulations, directions, instructions, and/or safety precautions given by Program employees, instructors, therapists, aides, and volunteers. My or my child's or ward's participation in the Program or visit to the property is upon the express agreement and understanding that I have received, read, and understand this Waiver and Release.

In consideration of my or my child or ward's participation in the Program or visit to the property, I hereby, for myself and any participant for whom I am a parent or legal guardian, release, discharge, hold harmless, and forever acquit **All Riders Up**, together with its officers, directors, agents, representatives, employees, instructors, therapists, aides, and volunteers, **Arthur and Marcia Laver**, in their individual capacities, and **Swan Lake Arabians**, together with its officers, directors, agents, representatives, employees, and volunteers, from any and all actions, causes of action, losses, claims, or any liabilities whatsoever, including but not limited to illness or injury, known or unknown, now existing or which may arise in the future, which may accrue to me, my heirs, my guardians, administrators, executors, or assignees, including attorneys fees and court costs, on account of or in any way related to or arising out of my or my child or ward's participation in the Program or visit to the property. Finally, I assume all liability of any non-participants who accompany me.

I also grant my permission for a doctor, nurse, or other licensed health care professional to take remedial action in case of an emergency, and I assume all expenses in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. I have had the opportunity to ask any questions that I may have and such questions have been answered to my satisfaction. I have read, understood, and agree to the above. I understand and confirm that by signing this Waiver and Release that I have given up considerable future legal rights. My signature is proof of my intention to execute a complete and unconditional Waiver and Release of all liability to the full extent of the law.

**Visitor's/Participant's Name (please print):** \_\_\_\_\_

**Visitor's/Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AGREEMENT AND CONSENT OF PARENT OR GUARDIAN OF MINOR**

I, as the parent or guardian of the above visitor or participant, give my permission for my child or ward to participate in the Program or visit the property, and further, in consideration of allowing my child or ward to participate in the Program or visit the property, I agree individually and on behalf of my child or ward to the terms of the above Waiver and Release.

**Parent/ Guardian's Name (please print):** \_\_\_\_\_

# Authorization for Emergency Medical Treatment

ALL RIDERS UP/SWAN LAKE ARABIANS

265 Mattson Road

Garnet Valley, PA 19061-1410

610-459-0879

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy # \_\_\_\_\_

## Consent

In the event emergency medical aid and or treatment is required due to illness, injury or accident during the process of participating in activities at ALL RIDERS UP/SWAN LAKE ARABIANS or at off site activities sponsored by ALL RIDERS UP/SWAN LAKE ARABIANS, I authorize ALL RIDERS UP/SWAN LAKE ARABIANS personnel to secure and retain medical treatment and transportation if needed for myself or for my minor child or ward,

\_\_\_\_\_ (print legibly).  
This authorization includes x-rays, hospitalization, medication and any treatment procedure deemed necessary by the physician or emergency medical personnel. I understand that the paid staff at ALL RIDERS UP/SWAN LAKE ARABIANS is CPR and First Aid Certified, but will defer to emergency medical professionals in any circumstance other than minor illness, injury or accident.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If for minor or ward, that person's name: \_\_\_\_\_

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## Non-Consent

I **do not** give my consent for emergency medical treatment/aid in the case of illness or injury during the process of providing services or while being on the property of All Riders Up, Swan Lake Arabians and Arthur and Marcia Laver. In the event emergency treatment/aid is required, I wish the following procedures to take place:

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Legal Guardian if under 18)

Emergency Contact: \_\_\_\_\_ Home phone: \_\_\_\_\_

Emergency Contact Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Alternate Contact Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Alternate Contact Cell Phone: \_\_\_\_\_

# **ALL RIDERS UP**

## **VOLUNTEER/STAFF INFORMATION FORM AND**

## **HEALTH HISTORY**

### **General Information**

Name:

Date:

Address:

Date of Birth:

Phone: (home)

(cell)

Employer/School:

Address:

Parent/Legal Guardian/Caregiver Name/Address/Phone Number:

### **Health History**

Date of last Tetanus Shot:

Tuberculosis Test + - Date:

(Consult your MD or local health dept. if you are not up to date with these shots/tests)

**Allergies:**

**Medications:**

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries. (Continue on back if necessary.)

**Please circle below to indicate your desire**

**I DO** ..... or ..... **I DO NOT** ..... request emergency care be provided by ARU staff and volunteers if felt to be necessary on site

Signature of staff/volunteer: \_\_\_\_\_

Print Name/Date: \_\_\_\_\_

Signature of parent or guardian if under 18: \_\_\_\_\_

## Volunteer Information

Client Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

May we add you to the ALL RIDERS UP Volunteer information email list?    Yes    No

Can you:  
Lift 50 – 75 Lbs.? \_\_\_\_\_ If not how much comfortably? \_\_\_\_\_

Walk briskly for 50 minutes? \_\_\_\_\_ Jog for 10 minutes? \_\_\_\_\_

Bend over for 2-3 minutes while picking feet? \_\_\_\_\_

Ride a horse for 50 minutes \_\_\_\_\_ English style \_\_\_\_\_ Western style \_\_\_\_\_

What hours are you available? Darken in squares that you can volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7 AM							
8 AM							
9 AM							
10 AM							
11 AM							
12 PM							
1 PM							
2 PM							
3 PM							
4 PM							
5 PM							
6 PM							

ALL RIDERS UP is closed for sessions on Sunday and Monday, open Tues – Fri 9 – 6 and Saturdays 9 – 1. Feeders on Sunday and Monday and Saturday evenings are needed at 8:00 AM and 4:00 PM.

Check which activities you are interested in:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Leader               | <input type="checkbox"/> Exercising Horses       | <input type="checkbox"/> Volunteer Coordination/Recruitment |
| <input type="checkbox"/> Side-walker          | <input type="checkbox"/> Cleaning tack           | <input type="checkbox"/> Board of Directors                 |
| <input type="checkbox"/> Stable help          | <input type="checkbox"/> Fundraising/event staff | <input type="checkbox"/> Therapy Instructor**               |
| <input type="checkbox"/> Facility Maintenance | <input type="checkbox"/> Publicity/Marketing     | <input type="checkbox"/> Budget/Finance                     |
| <input type="checkbox"/> Feeding              | <input type="checkbox"/> Collecting donations*   | <input type="checkbox"/> News Letter                        |
| <input type="checkbox"/> Photography/Video    |  |   |

\*\* For more information, see the Director about requirements

## Volunteer Information Cont.

Please describe your horse experience if any:

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Please describe your experience working with people with disabilities if any:

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How did you learn about us?

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Please list two personal references we may contact:

1.

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

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

Phone: \_\_\_\_\_

2.

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

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

Phone: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Volunteer/Guardians signature: \_\_\_\_\_

## **Photo Release**

I (circle one) do/do not consent to and authorize the use and reproduction by ALL RIDERS UP of any and all photographs and any other audio-visual materials bearing my image for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Name: \_\_\_\_\_ (print legibly)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For minor or ward: \_\_\_\_\_ (print legibly)

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## **Photographic Understanding**

I \_\_\_\_\_ hereby agree to abide by All Riders Up Rules and will not make a video or other photographic record of horses, people or activities at ARU unless written permission has been received from the director and anyone to be photographed. In addition, I agree that such photographic permission applies only to my personal use and does not include distribution of any kind including publication or internet posting ( i.e. U Tube, My Space, Face Book, etc....)

Name: \_\_\_\_\_ (print legibly)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For minor or ward: \_\_\_\_\_ (print legibly)

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## **Agreement of Confidentiality**

As a participant in activities at ALL RIDERS UP, I agree to hold in strict confidence those names, all medical, social, referral, personnel, and financial information regarding clients, staff, volunteers or any and all participants at ALL RIDERS UP at any time and in any capacity. In addition, this agreement specifically prohibits the use of any and all recording or photographic equipment within the confines of All Riders Up without the express written consent of the Executive Director and the Board of Directors. I agree to this limitation and also further agree that I am prohibited from making reference to All Riders Up, its clients and activities on the internet or any other vehicle for public distribution. I agree to the above stipulations regarding confidentiality, and further understand that violating this agreement in any way may result in the termination of my association with ALL RIDERS UP, and possible criminal charges.

Name: \_\_\_\_\_ (print legibly)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Minor or ward: \_\_\_\_\_ (print legibly)

# **ALL RIDERS UP VOLUNTEER TRAINING**

NARHA ON-LINE VOLUNTEER COURSE REGISTRATION INSTRUCTIONS:

To take the NARHA (North American Riding for the Handicapped Association) on-line Volunteer course, you will need to do the following:

**Email NARHA at: [sbostic@narha.org](mailto:sbostic@narha.org)**

**Ask to register for On-line Course Item # 96003**

**Provide NARHA with:** Your name  
Your address  
Your contact information (email address)  
The name of the center you're affiliated with: All Riders Up  
The Center Member Number for All Riders Up: ( 76748 )

Allow 3-5 working days for NARHA to process the order. An email will be sent to you giving complete instructions, your password and log in to complete the course.

**There is no charge for the course.**

When you have completed the course, please provide ARU a copy of NARHA's confirmation that you have done so for our records.

**Again, we thank you for your interest and your help.**

Taking this course will help ensure that you are an effective volunteer providing safe assistance to our participants.

# VOLUNTEER'S REQUIRED CHECK OF STATE POLICE CRIMINAL BACKGROUND RECORDS

This check is required by Pennsylvania law for all those who wish to volunteer at All Riders Up for the safety of all of our participants, staff, and volunteers. Anyone directly involved in the care of children in our state must complete this check and the child abuse check. The forms for mailing are in the back of your ARU staff and volunteer workbook.

We know that you can recognize that this is an important step we must require in the registration of new staff and volunteers and we appreciate your willingness to have the checks done. We cannot pay for the checks for everyone and want you to know that we very much appreciate your agreeing to absorb this cost as part of your commitment to All Riders Up.

The state criminal background check does not have to be mailed in. It can be done on-line and the results are immediately available to you. If you complete the process using the on-line service, please print out a copy of the results for us as well.

To do the check on-line you will need a credit card to use for the \$10.00 charge.

The website is: <https://epatch.state.pa.us/Home.jsp>

You will need a copy of this check to be able to perform the Child Abuse Check. That one cannot be done on-line and requires that you send in a "clean" criminal background check with your application.

If you should have any questions or problems in completing these checks please contact the Marcy or Rebecca so that we might assist you.

You can take your training classes and hands on workshop while these checks are being processed however they must be completed for you to continue your participation at All Riders Up.

Thank you again,

Marcy Laver  
Executive Director

# Pennsylvania Child Abuse History Clearance Forms

## Pennsylvania Child Abuse History Clearance Instructions

Note: See new requirements for Federal Bureau of Investigation clearance at the bottom of the page.

Please read the instructions prior to downloading the form. To request a supply of the forms, please call **(717) 783-6211**.

1. Type or print clearly and neatly in ink Section I only.
2. Address must be Applicant's current home address.
3. All information must be completed in full. (The form asks for all previous names, addresses, and household members since 1975). This information must be provided to the best of your knowledge and belief. If necessary, attach additional pages.
4. Application must be signed.
5. Enclose a \$10.00 money order for each application. No cash or personal checks accepted. Agency or business checks are acceptable.
6. Do not send any postage paid return envelopes.
7. Application should be placed in a business-sized or larger envelope prior to mailing.
8. One block must be checked for Purpose for Clearance. Do not check more than one block.
  - A. Check the Volunteer Block if performing a service (paid or unpaid) for organizations such as Big Brothers/Big Sisters, Boy Scouts, Little League or churches. A copy of your Criminal Record Check results obtained within the past year must be attached. Do not send original Criminal Record results. If you are not a Pennsylvania resident, you must also attach a copy of your FBI results obtained within the past year. This block should not be checked for anyone volunteering in schools.
  - B. Check the School Block if seeking to have involvement within a school (public, private vocational, technical, nursing) for any reason.

## New FBI Clearance Required

All of the following individuals are now required to submit Federal Bureau of Investigation criminal history background checks in addition to child abuse and Pennsylvania State Police background checks as a condition of employment/approval:

- Prospective foster and adoptive applicants and their adult household members;
- Individuals who want to operate child care facilities;
- Individual who want to work in child care facilities;
- Individuals seeking to operate child care services;
- Individuals applying for employment with a significant likelihood of regular contact with children;
- Self-employed family day care providers;
- Family day care home household members age 18 and over who live in the home at least 30 days in a calendar year;
- Community Rehabilitation Residential (CRR) host home families; and
- Respite provider families.

Current employees and providers of child care facilities are not required to obtain FBI clearances as a condition of continued employment by the same legal entity or continued operation. Employees may transfer to another child care service under the same organization without having to obtain FBI clearances as a condition of transferring. This follows the same procedures already in law under the Child Protective Services Law.

An employee hired on a provisional basis will have to submit proof of application for an FBI criminal history clearance in addition to the current provisional hiring requirements in the Child Protective Services Law. The length of the provisional hire period is unchanged. Pennsylvania residents may be hired on a provisional basis for a single period of no more than 30 days. Out-of-state residents may be hired on a provisional basis for a single period of no more than 90 days.

Prospective employees applying to engage in occupations with a significant likelihood of regular contact with children, in the form of care, guidance, supervision or training must obtain background checks as a condition of employment. These individuals, including but not limited to social service workers, psychiatrists, hospital personnel, counselors and therapists, librarians and doctors. Any additional requirements surrounding provisional hiring periods or licensing implications related to the completion of background checks for these individuals should be directed to the appropriate licensing entity.

The Department of Public Welfare is utilizing Cogent Systems to process fingerprint-based FBI record checks. The fingerprint based background check is a multiple step process. Effective July 1, 2008, the Cogent Systems Web site [www.pa.cogentid.com/dpw](http://www.pa.cogentid.com/dpw), allows individuals to apply online, as well as provide detailed information regarding the application process. The cost of obtaining the FBI criminal record check is \$35.

[FBI Clearance Frequently Asked Questions and Answers for Child Care Providers](#) (PDF download)

More information about this new requirement can be found by search for Bulletin #3490-08-03 in our [Bulletin Search](#).

Last modified on: August 22, 2008

# Basic Horse Safety Rules

- Never Approach a horse directly from the rear. Even in a stall, the horse should turn to face you. If a horse cannot see you he is more likely to kick.
- Approach your horse at his shoulder, talking to him in a calm voice. REMEMBER: Horses are creatures of REACTION (Fight or Flight); so always let the horse know where you are.
- Horses may kick, bite, strike and/or bolt if startled. REMEMBER horses cannot see your hand when you pat their noses and this may cause them to jerk their heads up so keep your head in a protected position when handling a horse. Their eyes are on the sides of their heads and approximately 2 feet in front of their head is a "blind spot."
- Use a safe lead rope and both hands when leading. The excess lead should be folded in a figure 8 pattern and held in the hand farthest from the horse. DO NOT ever wrap lead around your hand or wrist.
- Do not allow the lead or reins to drag on or near the ground. The horse or leader could step on it and trip or become entangled.
- If the horse rears, release the hand closest to the horses head so you will not be jerked off the ground.
- Always lead the horse on his left with your body in line with the throat latch and shoulder. Your hand closest to the horse should be 6-8" away from his chin.
- Do not pull down on the lead as this causes pressure on the horses head and can make him irritable. A short, light, quick correctional "tug" is all that is needed if you want him to slow down or pay attention.
- You weigh a lot less than a horse; you can not "out pull" him.
- IF a horse pulls back, step with him rather than pull against him. If he continues to pull back LET GO and CALL FOR HELP- don't risk being dragged
- If the horse will not move forward, try turning his head away from you or walking him slightly to the left or right of your original path (This is particularly helpful with the donkey.)
- ALWAYS walk AROUND your horse, preferably in front unless they are tied to the rail.
- NEVER duck under or step over the lead.

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Signature

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Date

## Basic Horse Safety Rules (Con't)

- IF crossties are not available ALWAYS tie your horse with a halter and lead (NEVER reins) at wither height to a strong pole using a quick release knot in the lead.
- If walking behind your horse, either walk body to body very close to him with your hand on the horses hindquarters, or at least 15 feet away. A kick is most forceful when you are about 3 feet away - avoid being at that distance.
- When several horses are being led together, travel single file with 2 horse lengths between you and the horse ahead of you - keep a safe distance apart and stay alert.
- When releasing a horse, always turn him to face you, stand at his side and pat him quietly before removing the halter. Use this technique when entering a pasture or returning a horse to his stall.
- Never yell and try to make the horse run from you - in turning, he may kick out or knock you down. Make sure that you have room to move away quickly if necessary.
- When two or more horses leave a pasture, the first ones out should be walked up to a safe spot and stopped until everyone is out, the gate is closed and everyone is ready to walk on. Otherwise the last horse watching other leave without him may panic and bolt. They are herd animals that don't like being left alone.
- Make sure that all gates and doors are always closed and secured. If it is open, close it - even when the pasture is empty or your horse is the last one to leave - close the gate behind you.
- Keep tack and equipment off the ground and in proper places. Do not leave things where people or horses could damage or be hurt by them.
- When grooming and tacking -- do it from the horses side with your back toward their head.
- NEVER squat, sit, or kneel near a horse.
- THINK SAFETY!!!! The student will be more likely to do as you do

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Signature

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Date

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**\*\*\*Sign and Date each page in acknowledgement of receipt and your agreement to abide by all rules set forth by All Riders Up/Swan Lake Arabians**

# Property and Barn Rules

*These rules apply to everyone admitted to All Riders Up, Swan Lake Arabians and the property of Arthur and Marcia Laver.*

## Property Rules

- The driveways are to be traveled at speeds of no more than 5 MPH. The safety of children, adults with special needs and our animals is our greatest concern.
- The private areas of the property are "off limits - this includes but is not limited to:
  1. The house
  2. The spring House
  3. The streams central and north of the barn and arena
  4. The pond along the north border of the property.
  5. The pool area and pool house
  6. Private vehicles (cars, trucks, horse trailer, ATV, tractor and lawn mower.)
- The family dogs are friendly but should be in the house when students are here. Please let us know if they are out. They should not be encouraged to come down to the barn or arena.
- No visiting pets are permitted on the premises, nor are any animals allowed to be left in parked vehicles.
- All Participants and visitors are required to register and execute the liability waiver immediately upon arrival.

## Barn Rules

- NO SMOKING in the barn, arena or the immediate vicinity
- No one will be admitted to the barn and or arena unless they have signed in and properly executed the ARU liability waiver as well as the property liability waiver
- No one may ride without a SEI approved helmet securely fastened
- Turn cell phone on vibrate
- No personal stereos or music
- No weapons, alcohol or illegal drugs
- No foul language

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**Signature**

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**Date**

- No physical or emotional mistreatment or abuse of a client, staff member, volunteer, visitor, or Horse
- Parents and guests must stay in the observation area while the lesson is being conducted. NO ONE SHOULD BE IN THE BARN EXCEPT STAFF, TRAINED VOLUNTEERS AND STUDENTS. Please recognize that this rule is out of concern for your safety and that of your child. We cannot give our students our complete attention if we have to be responsible for others - particularly sibling children in the barn and arena areas. A "Walk Through" of the barn can be scheduled if desired.
- Only staff and trained approved volunteers may handle horses except when students are working with them under the direct supervision of their instructor or a volunteer approved by the center
- No one is to ride, lead, groom, exercise or otherwise interact with the horses unless they have been directed to do so by an instructor or center staff member
- Horses are not to be led by anyone without halter and lead line
- Only Staff and approved volunteers may transfer horses to and from pastures
- All lights and fans are to be turned off when not in use
- All equipment is to be inspected for damage and replaced after use
- Bits are to be rinsed off before being returned to the tack room
- NO ONE is to be mounted within the barn or overhang areas
- No more than 2 horses are to be cross-tied or groomed within the barn at one time
- Stall doors and tack room doors are to be kept closed
- No equipment (saddles, clippers, brushes etc...) is to be left in the isles.
- Horses are not to be given treats by anyone other than the instructor. Frequent hand feeding encourages horses to enter the personal space of the people around them and possibly bite.
- Please take all personal items and trash with you when you leave

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**Signature**

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**Date**

**\*\*\*Sign and Date each page in acknowledgement of receipt and your agreement to abide by all rules set forth by All Riders Up/Swan Lake Arabians**

# Procedure Leading to Dismissal of Volunteers and Guests from Centered Activities

All Riders Up relies greatly on volunteers as important members of the team that provides services to and assists our clients. We also recognize the extreme importance of the safety and well being of our clients, volunteers, staff, guests, and animals.

All Staff and Volunteers are expected to conduct them selves in a strictly professional manner when interacting with students and families. ARU has a Zero Tolerance for any form of Sexual Harassment or unwanted physical contact. All volunteers and guests are expected to follow All Riders Up rules and policies and may not engage in disruptive, unsafe or inappropriate behavior. In the event a volunteer or guest does not comply, **the following actions may be taken:**

## Level 1 Verbal Warning

Breaking of All Riders Up rules and/or policies and procedures may be followed by verbal warning from the Director or Board President and be documented in the incident report book.

## Level 2 Written Warning

Breaking of All Riders Up rules and/or policies and procedures for a second time will be followed by a Personnel Committee meeting for discussion regarding the infraction. The purpose of the meeting is to determine the exact reason the infraction occurred for a second time and discuss with the volunteer/guest how to avoid the circumstance ever occurring again. The meeting will be documented and placed in the incident report book.

## Level 3 Dismissal from the organization

Immediate Dismissal from the property and organization will occur for:

- Endangering the safety of others
- Inappropriate use of the facilities, mailing lists, or monies
- Disruptive or abusive behavior to the animals or people at All Riders Up
- Repeated disregard of the organizations' rules, policies and procedures
- Possession of a weapon
- Presence on the property under the influence of alcohol or drugs

Please cut the bottom portion and return it with all of the preceding forms. Keep the above for your reference and records.

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I have read and understand the policies and program rules by which All Riders Up Therapeutic Riding Center operates. By signing below I indicate my willingness to abide by these rules and policies. I further understand that failure to comply with these policies and rules may result in discharge from the program.

Volunteer (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Required Training

### I have completed the following training as required by All Riders Up:

- \_\_\_\_\_ Phase I      Watch NARHA volunteer training video  
(Date Completed)
- \_\_\_\_\_ Phase II      Complete NARHA's Online Course (If you do not have access to a  
(Date Completed)      computer, please alert the Director immediately so other arrangements can be  
made.)
- \_\_\_\_\_ Phase III      Read all riders up Volunteer Handbook  
(Date Completed)
- \_\_\_\_\_ Phase IV      Attend Hands on Training and read Hands on Workbook  
(Date Completed)
- \_\_\_\_\_ Phase V      Submit to ARU a Clear Criminal/Child Abuse History Check  
(Date Completed)      performed by Pennsylvania State Police
- \_\_\_\_\_ Phase VI      Receive hands on training with your All Riders Up Mentor  
(Date Completed)
- \_\_\_\_\_ Phase VII      Become familiar with Emergency/Evacuation procedures and attend mandatory  
(Date Completed)      bi-annual Emergency/Evacuation drills.

\_\_\_\_\_  
(Legal Signature)

\_\_\_\_\_  
(Date)

# All Riders Up Volunteer-Mentor Checklist (to be completed by ARU Mentor)

\_\_\_\_\_ has completed \_\_\_\_\_ volunteer hours  
(Print Name)

under the supervision of his/her ARU training Mentor:

\_\_\_\_\_  
(Print Name)

He/She has observed the procedures which are indicated below. He/She has been given hands on opportunities to conduct these activities with three horses while being supervised and has evidenced a thorough understanding of these procedures and an ability to perform them in a safe and professional manner (Items are to be initialed by the mentor:

- Halter and lead application and use
- Tying and crossties, quick release snaps and knots
- Grooming
- Tacking up English
- Tacking up Western
- Tacking up pad only
- Tacking up surcingle
- Turnout (Single Horse)
- Horse handling/leading (other than during a lesson)
- Extrication of 1 horse from a group of 3 or more in a pasture

# All Riders Up Volunteer-Mentor Checklist Cont.

- Helmet Check for fit and approved label
- Pre-lesson safety check of tack including:
  - Condition of tack
  - Saddle fit
  - Girth (application and fit)
  - Helmet
  - Bridle adjustment and application
  - Stirrups (Safety vs. Non-Safety)
  - Position of irons
  - Position off foot in irons
  - Length of leathers/adjustment
- Side- walker responsibilities and conduct during a lesson
- Side-walker knowledge of his/her role during an emergency
- Horse leader responsibilities and conduct during a lesson
- Horse leader knowledge of his/her role during an emergency
- Spotter responsibilities during a lesson
- Mounting Procedure
  - Minimal Assist
  - Total Assist

# All Riders Up Volunteer-Mentor Checklist Cont.

- Dismounting Procedures
  - Minimal Assist
  - Total Assist
- Emergency dismount procedure on 3 horses
- Mounted emergency in the ring (knowledge of procedure)
- Fire Emergency (knowledge of procedure)
- Location of first aid kits
  - Human
  - Equine
- Knowledge of conduct if a student has a seizure
- Stall Cleaning
- Feeding