Hello Therapeutic Riding Volunteers,

Welcome to the 2017 season. It’s time to mark your calendars as we start our 29th year of Lenawee Therapeutic Riding. We will once again be meeting at the Bristle Horse Farm at 1835 W. Monroe Rd., Tecumseh.

2017 Schedule

☆ Spring Volunteer Orientation …..March 21, MANDATORY FOR ALL NEW VOLUNTEERS
☆ Spring Session……………………April 11 & 12 thru May 23 & 24
☆ Fair Horse Show………………..July 24
☆ Fall Volunteer Orientation……..August 22, MANDATORY FOR ALL NEW VOLUNTEERS
☆ Fall Session……………………..September 12 & 13 thru October 24 & 25
☆ Fall Banquet……………………..Date to be determined

This packet contains all of the paperwork you will need to complete for LTR 2017. ALL volunteers (returning and new) must complete this paperwork each calendar year. To register, please print volunteer registration packet, and complete the forms. All lines must be completed, all forms witnessed and signed. Incomplete paperwork may mean you will not be able to participate this session.

❖ Paperwork must be completed and returned by MARCH 1ST for the Spring/Fall Sessions and by AUGUST 1st if you are registering only for the Fall Session. Paperwork received after the deadline will not be guaranteed participation.

❖ Volunteer Confirmation Form: ALL must return. (You may want to print out an extra form to keep.)
❖ Volunteer Registration and Emergency Treatment Form: ALL must return, signed and witnessed.
❖ Volunteer Informed Consent and Release of Liability Agreement: ALL must return, signed and witnessed.
❖ Volunteer Video, Film and Photography Release Form: ALL must return, checked yes or no, signed and witnessed.
❖ New Volunteer Information Form – NEW volunteers only need to complete, sign, and return.
❖ New Volunteer Criminal History Check Permission Form – NEW volunteers only must complete, sign and return.

Thank you for your prompt completion and return of paperwork. Remember that the number of riders depends on the number of volunteers who have completed and returned their paperwork at the March 1st deadline. If you have any questions please call or email me.

Return all paperwork to: Carolyn Baer, LTR Volunteer Coordinator
6495 Rome Road, Adrian, MI 49221

If you have any questions, please contact Carolyn Baer at #517 442-3695 adrianbaer@aol.com

Revised 1-9-2017
Volunteer Confirmation Form  

Name_______________________ Birth date ___________ Height ______ (to better match you and the horse)

Address __________________________ City____________________ Zip Code ______

Phone #’s  home __________________ work __________________ cell __________________

E-mail Address: __________________

Please confirm below if you will attend Orientation and all the dates and for which you wish to volunteer.  
Orientation is MANDATORY for new volunteers.  Returning volunteers are encouraged to attend for a refresher.

Check-in for riding sessions is at 5:45 pm (NOTE TIME) unless you are not scheduled until a later class.

Areas of Interest: (Check all that apply, some positions require additional training and/or Instructor’s approval)

☐ Sidewalker  ☐ Horse Leader  ☐ Tack Coordinator  ☐ Tack Assistant
☐ Mounting Assistant  ☐ I am interested in further training as: ☐ horse leader or ☐ mounting assistant

☐ I will furnish a dish for class on the following night (this is voluntary) ________________________________
☐ I am willing to be a substitute for  ☐ Tuesdays or  ☐ Wednesdays
☐ I would help with (clean-up arena, tear down, etc.) and dates available ________________

I am volunteering for the following dates:

**SPRING SESSION**

<table>
<thead>
<tr>
<th>Tuesdays</th>
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<tr>
<td>April 11</td>
<td>April 12</td>
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<td>April 18</td>
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<td>April 25</td>
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<td>May 16</td>
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<td>May 23</td>
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Fair Show: July 24 ☐

**FALL SESSION**

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<tr>
<th>Tuesdays</th>
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<tr>
<td>Sept. 12</td>
<td>Sept. 13</td>
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<td>Sept. 19</td>
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<td>Sept. 26</td>
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<td>Oct. 24</td>
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</table>

Fall Appreciation Dinner: ☐ Date to be determined

Other Information:
I cannot do the _______________ class (unless otherwise indicated you will be considered available for all 3 classes each night).
Any other information we need to be aware of (can only walk one class, have to leave at d/t homework, etc.)

PLEASE RETURN THIS FORM along with the three (3) signed and witnessed RELEASE FORMS from the Volunteer Registration Packet. Please make a copy for your records.

Revised 1-9-2017

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LENAWEE THERAPEUTIC RIDING  2017

Michigan 4-H Proud Equestrians Program (PEP)

Volunteer Registration and Emergency Treatment Form

Date: ______________________

Volunteer:  ☐ New  ☐ Return

This form is valid for a period of one year from the date signed. No individual can be accepted as a volunteer in a Michigan 4-H Proud Equestrians Program in any capacity until this form has been completed by parents/guardian or by the individual if they are a legally competent adult 18 years of age or over.

Volunteer Name______________________________ Date of Birth: ______________________

Address __________________________________ City __________________ State __ Zip __________

Home Phone (____) __________________ Work Phone (____) __________________ Cell Phone (____) ______________

Previous experience with horse: ______________________________________________________________

Parents/Guardian (if under 18): Name ______________________________

Address __________________________________ City __________________ State __ Zip __________

Home Phone (____) __________________ Work Phone (____) __________________ Cell Phone (____) ______________

Physician: Name __________________ Phone #: __________________

Office Address __________________________________ City __________________ State __ Zip __________

Phone (____) __________________

Person to be notified in case of emergency in absence of parent/guardian:

Name __________________________ Phone #’s __________________ Relationship to Volunteer __________________

AUTHORIZATION FOR PURPOSE OF PROVIDING MEDICAL TREATMENT: You are being asked to complete this form to give an appropriate medical facility permission to treat ____________________ (volunteer’s name) for minor injury or medical problems. In the event of serious injury or illness, the parent/guardian or person listed above will be contacted; treatment will proceed before contacting them only if the situation is urgent and does not permit delay.

• Preferred Medical Facility ____________________

• Is there a medical condition, allergy, etc., requiring special precaution or treatment?  ___ Yes  ___ No
  * If yes, please describe: ________________________________

• Medication’s currently being used?  ___ Yes  ___ No
  * If yes, please list name, purpose and dosage: __________________________

In case of medical emergency: The undersigned authorizes the Michigan 4-H Proud Equestrians Program instructor and/or program coordinator to seek any medical and/or surgical treatment necessary for the care of ______________________ who is participating as a volunteer in the Michigan 4-H Proud Equestrians Program with parent/guardian permission (if under 18 years).

HEALTH INSURANCE:  ☐ I do not have medical insurance coverage.

Name of Policyholder and Relationship to participant: ______________________________

Policyholder’s address __________________________ City __________ State __________ Zip __________

Attach a photocopy of both sides of your insurance card (preferred) OR complete the insurance information requested here.

Name and Address of Insurance Company ______________________________

Insurance Company Phone Number (____) ______________________ Policy Number ______________________

Name of Policyholder’s Employer ________________________________________________

REQUIRED SIGNATURES: The above designated person(s) is (are) hereby authorized to incur medical costs necessary to provide medical treatment for said participant for which we shall be fully responsible. We also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature __________________________________ Date ________________ Witness __________________

Parent  ☐  Guardian  ☐  Adult Volunteer  ☐

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Revised 1-9-17
LENAWEE THERAPEUTIC RIDING 2017

Michigan 4-H Proud Equestrians Program
Parent/Guardian-Adult Volunteer Informed
Consent and Release of Liability Agreement

No individual can be accepted as a volunteer in the Michigan 4-H Proud Equestrians Program in any capacity until this form has been completed by his/her parent(s)/guardian or by the individual if he/she is a legally competent adult age 18 or older.

I/we assume the risks and accept the consequences involved in the participation of:

Volunteer’s name: ___________________________ in the Michigan 4-H Proud Equestrians Program.

Program name: Lenawee Therapeutic Riding County: Lenawee

I/we acknowledge that horses may be dangerous because they may, without warning, buck, stumble, kick, or move in otherwise unpredictable ways.

I/we are hereby informed of the possible dangers to me/my child/my ward that may result from participation in the program, including soft tissue (including skin and muscle) injury, ligament and tendon injury, bone/joint injury, and exacerbation of chronic conditions.

I/we accept the responsibility for complying fully with all safety rules and practices and I/we will consult with the instructor and/or local director of the Michigan 4-H Proud Equestrians Program including their instructors, staff and volunteers, from any liability for injury that may result from participation in the program. This release does not encompass “gross negligence”.

I/WE HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT.

Signature: ___________________________ Date: _______________

Parent(s)/Guardian/Adult volunteer (Circle appropriate title)

Witness: ___________________________ Time: _______________

MICHIGAN 4-H PROUD EQUESTRIANS PROGRAM
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**Michigan 4-H Proud Equestrians Program**

**Parent/Guardian-Adult Volunteer Video, Film and Photography Release Form**

*This form is valid for a period of one year from the date signed.*

No individual can be accepted as a volunteer in a Michigan 4-H Proud Equestrians Program in any capacity until this form has been completed by the rider’s parent(s)/guardian or by an adult rider who is a legally competent adult 18 years of age or over.

Note: Participation in a Michigan 4-H Proud Equestrians Program as a volunteer is **not** contingent on an affirmative (yes) response on the “Parent/Guardian-Adult Volunteer Video, Film and Photography Release Form.”

I authorize Michigan State University to record the image and voice of the subject named below and give MSU and all persons or entities acting pursuant to MSU’s permission or authority, all rights to the use of these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including, but not limited to, the internet, and any future media. I also authorize the use of any printed material in connection therewith. I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

[ ] Yes  [ ] No

__________________________________________________________  ________________________________
Volunteer’s Full Name  Parent/guardian name (if volunteer is under 18 years old)

__________________________________________  __________________________________________
Address:  City:  St:  Zip:

______________________________  _____________
Signature:  Date:

Adult volunteer over the age of 18

______________________________  _____________
Signature:  Date:

Parent/guardian

______________________________  _____________
Witness:  Date:

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NEW Volunteer Information Form

Date: __________  Name: _____________________________________________

Date of Birth: __________ Height: __________ (to better match you and your horse)

Do you have any physical limitation? _____ No _____ Yes
If so, please specify: ________________________________________________
_________________________________________________________________
_________________________________________________________________

Can you walk for approximately 60 minutes, including jogging for a short distance?
   _____ Yes    _____ No

Given the chance to change sides frequently, can you hold your arm above shoulder height and support a modest weight?
   _____ Yes    _____ No

Are you comfortable working or walking around horses/ponies?
   _____ Yes      _____ not really, but I want to learn more

Check if you have had experience with:
   _____ Horses   _____ Persons with disabilities   _____ Children

Please specify, especially horse experience:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Please list any other skills or training which you believe may be of benefit to this program.
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

If new to our program, how did you learn about Lenawee Therapeutic Riding?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
MSU Extension Criminal History Check Permission Form

NEW Volunteers Only

To protect your privacy, this form will be seen only by Michigan State University Extension staff and the volunteer coordinator.

Last Name ____________________________ First Name ____________________________  Middle Initial __________

Race:  _____ White  _____ Black  _____ Asian or Pacific Islander
  _____ American Indian or Alaskan Native  _____ Unknown/Other

Gender:  _____ Male  _____ Female  Date of Birth:  _____/_____/_______ Month  Date  Year

Michigan Driver License Number: ____________________________________________________________

Other Last Name ____________________________ Other First Name ____________________________ Other Middle Initial __________

Other Last Name ____________________________ Other First Name ____________________________ Other Middle Initial __________

Other Last Name ____________________________ Other First Name ____________________________ Other Middle Initial __________

Have you ever been convicted of a felony or a misdemeanor?  _____ No  _____ Yes

• If yes, please explain:  ________________________________________________________________

_______________________________________________________________________________________

I give Michigan State University Extension permission to check my criminal history with state and local police as well as with any jurisdictions in other states in which I have lived.

Signature:  ____________________________ Date:  ________________

Note: A criminal record will not necessarily disqualify an applicant. A criminal record is one piece of information that will be considered in determining the appropriateness of an individual to be an MSU Extension volunteer.
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Volunteer Confirmation Form

Name____________________  Birth date ___________  Height ______ (to better match you and the horse)

Address ________________________________  City_____________________  Zip Code ________

Phone #’s  home __________________________ work __________________________ cell ______________________

E-mail Address: ______________________________________________________________

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☐ I am willing to be a substitute for ☐ Tuesdays or ☐Wednesdays

☐ I would help with (clean-up arena, tear down, etc.) and dates available _______________________

I am volunteering for the following dates:

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<tr>
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<td>Sept. 12</td>
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| Wednesdays       |                | Wednesdays   |
| April 12         | ☐              | Sept. 13     |
| April 19         | ☐              | Sept. 20     |
| April 26         | ☐              | Sept. 27     |
| May 3            | ☐              | Oct. 4       |
| May 10           | ☐              | Oct. 11      |
| May 17           | ☐              | Oct. 18      |
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Fair Show: July 24 ☐  Fall Appreciation Dinner: ☐ Date to be determined

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