



## VOLUNTEER INFORMATION

Medicine Horse Program: 720-406-7630 [volunteercoordinator@medicinehorse.org](mailto:volunteercoordinator@medicinehorse.org)

Executive Director Kathy Johnson, [kathy@medicinehorse.org](mailto:kathy@medicinehorse.org), schedule M-Friday 9:00-5:00, may vary

Program Director/Therapist: Cara Sams [cara@medicinehorse.org](mailto:cara@medicinehorse.org), hours vary

Barn Managers: CJ Johnson, M,T,Th,Fri, Sat      Bernie Clifford M-F 9:00-12:00

### Volunteer Guidelines

These guidelines were developed in order to create a safe, respectful environment for clients, volunteers, horses, and therapists at Medicine Horse Program (MHP).

Horse safety: NEVER feed horses hay or grain, even if they act hungry (they always act hungry). Overfeeding can colic and kill a horse. Do not remove a horse from a stall or turnout without permission from staff.

Therapeutic Environment: Most of the areas at MHP (as well as the office) are used for therapy. When entering MHP property, please be mindful that a session may be in progress. If a therapist is with anyone while you are on the property, pass quietly without interrupting. If there is an emergency and you must enter the office while a session is in progress, knock first and wait for the door to be opened.

Home Environment: The property is also home to several individuals. The house driveway must be kept clear at all times and is off-bounds for volunteers and clients. Please do not approach the house unless it is an absolute emergency and there is no one in the office or barns. Call first, phone number on office door.

Scheduling: All volunteer time must be scheduled with the office. Volunteers may only be on the property as scheduled and may not stop by randomly, bring visitors, etc. All volunteering must be arranged through the Volunteer Coordinator by calling 720.406.7630 or emailing [volunteercoordinator@medicinehorse.org](mailto:volunteercoordinator@medicinehorse.org). Please do not assume that because you leave a message or email that the time has been confirmed.

Commitment: It is imperative that you keep your volunteer commitments as scheduled. If you are unable to volunteer for a scheduled shift, please contact the Volunteer Coordinator at least 24 hours in advance by calling 720.406.7630 or emailing [volunteercoordinator@medicinehorse.org](mailto:volunteercoordinator@medicinehorse.org).

Please arrive thirty minutes prior to start time for classes, events, sessions, etc and plan to stay a few minutes afterward to clean up, put horses away, etc.

Age Requirement: Children under 18 must volunteer with a parent or guardian.

Safety: Safety is always our primary concern for clients, volunteers, horses and anyone on the property. Please observe the following policies:

1. All riders MUST wear helmets when mounted.
2. Use the quick release tie with horses. Use the one taught during Horse-Handling classes
3. Ensure gates are locked appropriately and do not leave gates open.
4. Do not feed the horses or offer treats. This can encourage nibbling at a child's hand or more aggressive behavior. Treats may be placed in a bucket or feed pan with the permission of MHP staff.
5. Turn off cell phones when entering the equine areas.
6. Wear sturdy shoes and work gloves

Horse-Handling Evaluation: In order to work with our horses in any capacity (i.e. assist in classes, therapy sessions, programs, grooming and schooling, etc) MHP requires that you pass a horse handling evaluation. Even if you have years of equine experience, it is still important to standardize all handling procedures and to become familiar with MHP horses, MHP philosophy relative to horse-handling, etc. Aggressive behavior will not be tolerated with our horses. Additional trainings may be provided to ensure that all volunteers act in accordance with MHP horse handling procedures.

Emergency Information: Instructions and phone numbers for emergencies are posted in the barn and on the office door. The phone is in the MHP on the desk near the front door. Please note: the office phone is to be used only for emergencies.

Volunteer sign-in: Whenever you are volunteering on the property, please log your hours on the sign in sheet in the central program barn.

NO SMOKING on the MHP property, please.

Drugs/Alcohol: Volunteering with and around horses requires a clear head. Please do not use drugs or alcohol prior to or while volunteering. If we suspect that you are under the influence we will ask you to leave the property.

Parking: If you are volunteering for a large program or if the parking lot is full, please drive through the white gates, close them behind you and park in back by the program barn. Please do not park on the east side of the drive (ruins drainage pipes). Do not block the large white gates on the southwest side. That is the access for emergency vehicles to get to the arena in case of a riding accident. If you are parked anywhere on the drive and a firetruck can not get through, please move your car behind the white gates.

Dogs: We all love dogs, but please leave them at home. Dogs are not allowed on the MHP property. Dogs may NOT be left in parked cars.

Paperwork: All volunteers must complete the volunteer application, and sign the liability release, confidentiality policy, background check notification form and authorization for emergency medical treatment before volunteering.

POLICIES AND PROCEDURES  
MEDICINE HORSE PROGRAM  
(720) 406-7630

Participant/Volunteer rules and regulations in accordance with Equine Assisted Growth and Learning Association (EAGALA)

1. SAFETY AND CONFIDENTIALITY. No participant is allowed beyond the white front entry gates without supervision of MHP staff or designated volunteer from the time they arrive until the time they leave.

No family members, visitors, friends, parents, guardians, etc. are allowed to accompany participants or volunteers beyond the front gates while classes are being conducted and must stay in the front parking lot areas. This is due to MHP client confidentiality policies and privacy issues surrounding Equine Assisted Psychotherapy . The only exception will be for special events and will be at the discretion of the Executive Director or Therapist/Instructor.

No running or shouting is allowed anywhere on the premises. All participants must wear approved riding helmets, long pants, closed toed shoes and comfortable appropriate clothing for existing weather conditions. Boots with a heel are recommended and helmets will be provided by MHP. Sandals and shorts are not permitted. Instructors must facilitate mounting/dismounting all students.

No hand feeding of horses/ponies is allowed. No smoking or chewing gum allowed while on the property.

No dogs belonging to participants, volunteers, guests, etc. are allowed on the ranch. This includes being inside vehicles. Horses and dogs do not mix.

2. CANCELLATION POLICY. If lessons/classes must be cancelled, participants and volunteers will be notified in advance as early as possible. If participants are unable to attend their scheduled lesson, MHP Staff appreciates the same courtesy.

If a participant fails to participate on his/her weekly scheduled lesson program without calling to cancel, (phone number listed above) the applicable lesson fee will still be charged.

3. SAFETY AND ADMINISTRATIVE POLICIES. MHP Insurance covers only participants enrolled in our program. Please do not ask us to let your other children or friends work with our horses.

Please arrive at least five minutes before the scheduled lesson time to check in. Feel free to discuss the program with the Therapist/Instructor in private after class and advise us if there are any changes in conditions which may affect his or her lesson plan.



# Medicine Horse Program

Office use only

Date \_\_\_\_\_

\_\_\_\_\_ BG check

\_\_\_\_\_ Pd.

\_\_\_\_\_ FR

\_\_\_\_\_ EAP at MHP

\_\_\_\_\_ HH Eval

[volunteercoordinator@medicinehorse.org](mailto:volunteercoordinator@medicinehorse.org)

**8778 Arapahoe Road  
Boulder, CO 80303  
720•406•7630**

## VOLUNTEER APPLICATION

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Birthdate (month/day) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

School/College Name \_\_\_\_\_ Year in School \_\_\_\_\_

How did you hear about Medicine Horse Program?

\_\_\_\_\_

Why do you want to volunteer with Medicine Horse Program?

\_\_\_\_\_

HORSE EXPERIENCE – not necessary for all activities:

Little or None (Level 1: Comfortable around horses)

Some (Level 2: Able to go into pasture alone to catch, halter, lead horse, open and close gates properly, and tie horse up with quick release knot)

Considerable (Level 3: Very knowledgeable about horse behavior and safety issues, able to predict how a horse will react to environment, able to keep boundaries, etc.)

Please briefly describe your experience:

\_\_\_\_\_

\_\_\_\_\_

TRAINING, and/or experience in the treatment of people with emotional, behavioral, social, mental, physical, and/or spiritual needs (also not necessary for all activities):

Little or None

Some

Considerable

Please briefly describe:

\_\_\_\_\_

\_\_\_\_\_

**VOLUNTEER ACTIVITIES - please check all areas of interest:**

✓	Activity
	Classes: horse safety
	Community outreach
	Corporate sponsorship
	Facilities / Construction
	Fundraising
	Gardening/groundskeeping

✓	Activity
	Grooming
	Grant writing
	Mucking
	Marketing
	Feeding
	Accounting/bookkeeping

✓	Activity
	Office work
	Public relations
	Tack cleaning
	Volunteer committee
	Web site
	Database development

Other areas of expertise you could share, or areas of interest:

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Please indicate days and times you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you have any health issues or physical limitations of which we should be aware?  Yes  No

If yes, please briefly describe, such as allergies (including insect bites or bee stings), asthma, medical issues, etc.

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Have you had a tetanus shot in the last 10 years?  Yes  No

**REFERENCES:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, please briefly describe:

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**PHOTO RELEASE (optional)**

I hereby consent to and authorize the use and reproduction by the Medicine Horse Program of any and all photographs and other audiovisual material taken of me for promotional printed materials, educational activities, exhibitions, or for any other use for the benefit of the program.

Volunteer's signature: \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of parent/guardian if volunteer is under 18: \_\_\_\_\_

**LIABILITY RELEASE**

Under Colorado 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 section 13-21-119, Colorado Revised Statutes. Medicine Horse Program (MHP) seeks and strives for safety at all times. However, I understand that there are certain risks inherent in equine related activities. I acknowledge that all activities involving horses (including but not limited to: horseback riding, handling, leading, groundwork and other contact) involve this degree of risk.

I, (print name) \_\_\_\_\_ would like to volunteer at the Medicine Horse Program. I acknowledge the risks in working with and around horses. However, I feel that the benefits of the program to all associated with it are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs, assigns, executors and/or administrators, waive and release forever all claims for damages against the Medicine Horse Program, its Board of Directors, Instructors, Therapists, Aides, other volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in the program. I further acknowledge that I am not covered under Medicine Horse Program's insurance policy. I have read and understand this Release.

**Volunteer's signature:** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature of parent/guardian if volunteer is under 18:** \_\_\_\_\_

**AUTHORIZATION FOR  
EMERGENCY MEDICAL TREATMENT**

Volunteer's name \_\_\_\_\_ Date \_\_\_\_\_

In case of emergency, contact:

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Please sign one of the following two options:

1) Consent Option

In the event emergency medical aid/treatment is required due to illness or injury while serving as a volunteer or while on the property of Medicine Horse Program, I authorize Medicine Horse Program to secure and retain medical treatment and transportation if needed. This authorization includes but is not limited to x-ray, surgery, hospitalization, medication and any treatment deemed "life-saving" by the physician. This provision will be invoked only if the emergency contact person(s) listed above is/are unable to be reached. The financial charges will be paid by the ill/injured person.

Physician's name \_\_\_\_\_ Phone number \_\_\_\_\_

Preferred medical facility \_\_\_\_\_

Health insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Volunteer's signature

\_\_\_\_\_  
(or signature of parent/guardian if volunteer is under age 18)

2) Non-Consent Option

I do not give my consent for emergency medical treatment in the case of illness or injury while serving as a volunteer or while on the property of Medicine Horse Program. In the event emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer's signature \_\_\_\_\_  
(or signature of parent/guardian if volunteer is under age 18)

CONFIDENTIALITY POLICY

The Medicine Horse Program respects the privacy of clients, their families, and all who come into contact with our program. We recognize other's right to have control over any information about them that might be personal or sensitive. Confidentiality and trust are critical components for our Program, and are essential for achieving human growth and potential.

Therefore, all those connected in any way with Medicine Horse Program are required to be bound by our Confidentiality Policy, including but not limited to: volunteers, board members, full/part-time staff, temporary employees, contractors, instructors, and aides.

Information considered to be confidential includes all medical, familial, social, behavioral, referral, personal, legal, and financial concerns regarding clients, and their families, as well as the business of Medicine Horse Program. Confidential information includes, but is not limited to: client, donor, mailing, email and member lists, medical records, case notes, financial information, trade secrets, data, technology, intellectual property, business operations, legal counsel opinions, personnel files, and any information coming from staff and planning meetings. Such information is considered confidential regardless of how it is obtained, whether directly from the client or family, staff, volunteers or others associated with Medicine Horse Program, or inadvertently from other sources such as but not limited to a form, computer screen or overheard conversation.

It is the policy of Medicine Horse Program that trustees and employees of Medicine Horse Program may not disclose, divulge, or make accessible confidential information belonging to, or obtained through their affiliation with Medicine Horse Program to any person, including relatives, friends, and business and professional associates, other than to persons who have a legitimate need for such information and to whom Medicine Horse Program has authorized disclosure. Volunteers, contractors and employees shall use confidential information solely for the purpose of performing services as a trustee or employee for Medicine Horse Program. This policy is not intended to prevent disclosure where disclosure is required by law.

Trustees, employees, volunteers and contractors must exercise good judgment and care at all times to avoid unauthorized or improper disclosures of confidential information. Conversations in public places, such as restaurants, elevators, and public transportation, should be limited to matters that do not pertain to information of a sensitive or confidential nature. In addition, trustees and employees should be sensitive to the risk of inadvertent disclosure and should for example, refrain from leaving confidential information on desks or otherwise in plain view and refrain from the use of speaker phones to discuss confidential information if the conversation could be heard by unauthorized persons.

At the end of a trustee's term in office or upon the termination of an employee's, volunteer's or contractor's relationship with Medicine Horse Program, he or she shall return, at the request of Medicine Horse Program, all documents, papers, and other materials, regardless of medium, which may contain or be derived from confidential information, in his or her possession.

I have read and understand the Confidentiality Policy and agree to observe its principles.

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

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

**THANK YOU FOR YOUR INTEREST IN Medicine Horse Program!**