



Volunteer Handbook

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Welcome New Volunteer!

Thank you for your interest in volunteering at HOPE – HOorses helping PEople, Inc. We depend on our volunteers to make equine-assisted therapies and activities available to those who need them.

In order to begin volunteering at HOPE, please complete the following steps:

- Contact HOPE via email at ridingtherapy@gmail.com or phone 352-495-0533 regarding your area of interest and availability.
- Fill out the volunteer packet forms and releases which can be found on HOPE's website, www.horseshelpingpeople.org and bring the completed paperwork with you on your first day.
- Orientations will be scheduled at the beginning of each semester. We will request that you attend one.

Please feel free to ask any questions you may have to the provided email. We're looking forward to having you join our team of dedicated staff, volunteers, and horses whose mission is to enrich the lives and experiences of individuals with disabilities!

HOPE's Mission

To provide equine-assisted therapies and programs in a healing environment that enhance personal growth, empowerment, and well-being.

HOPE's Vision

To be the leading provider of equine-assisted therapies and programs in north central Florida.

HOPE'S PROGRAMS

Occupational Therapy

Occupational therapy is a medical treatment that incorporates hippotherapy, equine activities and/or the equine environment. Rehabilitative goals are related to the patient's needs and the medical professional's standards of practice. Only a medical profession, (ie. occupational/physical therapist, speech and language pathologist, psychologist, social worker, or mental health professional) licensed in the state of Florida can provide these treatments.

Occupational therapy assisted by the horse involves the horse and/or environment and is facilitated by the occupational therapist. Activities may be mounted or un-mounted and are goal oriented, sensory-motor activities offered with the assistance of our equine friends! Activities may incorporate grooming, tacking, and feeding into treatment sessions to help achieve physical, psychological, cognitive, behavioral and communication goals.

Adaptive Riding

Adapted riding is under the direction of a Professional Association of Therapeutic Horsemanship International Registered Therapeutic Riding Instructor. It allows clients to sit atop a horse and actively participate in specific riding skills. Riders learn to demonstrate self-control, and earn a sense of accomplishment, confidence, and self-esteem. Riding lessons are designed to challenge each client while fostering success as they work to accomplish individually developed physical, psychosocial, cognitive, and educational goals.

Horses Helping Heroes

Horses Helping Heroes assists military veterans, service personnel and first responders by providing equine-assisted activities and therapies free of charge.

Silver Saddles

The Silver Saddles program is designed for Lifelong Learning members over 50 who want to combine fitness with a search for new experiences. This program will provide an understanding of horses, safe interaction around them and an opportunity to develop elementary skills in horse riding.

Living in the Moment

The Living in the Moment program gives an opportunity for residents with dementia to experience the unconditional love and acceptance given from horses. Spending time with horses and caring for their needs may ease the symptoms of Alzheimer's dementia.

Breast Cancer Survivor Outreach Rehabilitation Program

The Breast Cancer Survivor Outreach Rehabilitation program for post-treatment breast cancer survivors. It does not involve horse-riding lessons and no horse experience is necessary to participate. Using human to horse skin to skin contact and the three-dimensional movement of the horse, the client is led through a gradual progression of exercises designed to meet the client's energy level, starting with merely mounting and lying upon the horse.

Equine Assisted Learning

What is Equine Assisted Learning (EAL)? Equine Assisted Learning is a hands-on educational program that uses the interactions and developing relationships between horses and humans in an environment of learning and self-discovery. It is designed to

promote personal growth by providing insights and opportunities to develop social, life, academic, or professional skills in a fun and supportive environment.

At Risk Youth

The CHANGING STRIDES PROGRAMS: '*STRIDES TO SUCCESS*' and '*A HERO'S JOURNEY WITH HORSES*.' These programs provide a unique approach to addressing issues facing at-risk youth. HOPE's CHANGING STRIDES programs provide the tools for at-risk youth to better manage their lives and foster positive relationships while teaching problem solving, communication, and social skills, as well as developing a commitment to community, anger management, positive identity and self-worth, positive values, leadership skills, academic achievement, defuse peer dependence and expand life skills.

Special Olympics

Therapeutic Grooming

Our trained staff conducts Therapeutic Grooming. Individuals who may be unable to participate in riding can have an opportunity to learn basic ground-based horse care techniques and enjoy a wonderful human to animal bonding experience in a safe, therapeutic environment. This program is ideal for individuals fearful of large animals, or those using wheel chairs but unable to ride, and serves to teach the steps of equine grooming, basic animal anatomy, equine communication and safety. This tactile based program is a wonderful option for people who need to work on body and safety awareness, right/left and shape discrimination, impulse control and sequencing. If appropriate, motor activities may also include sit to stand, standing, and weight shifting elements as a part of the grooming experience.

Lets Go! Mind, Body, Balance

This program provides a unique approach to addressing issues facing individuals with Parkinson's or other movement disorders. The movement of the horse can improve balance, strength, tone, timing, coordination, and postural control, which can all lead to improved functional ability of the person with Parkinson's disease. In addition to the natural influence of the horse's movement, there is added benefit from the natural animal-human bond that occurs throughout the sessions. Animals are extremely motivating and can inspire us and touch us in ways that the traditional setting for therapy cannot.

Activities are directed by an occupational therapist and may be mounted or un-mounted and are goal oriented, sensory-motor activities offered with the assistance of our equine friends! Activities during the treatment sessions are developed to help achieve the individual's physical and psychological goals.

Common Terms Related to HOPE's Activities and Therapies

AMERICAN HIPPOThERAPY CERTIFICATION BOARD (AHCB): AHCB is an independent Board made up of Hippotherapy Clinical Specialists® who oversee the certification, re-certification and record keeping for AHCB Certified professionals and Hippotherapy Clinical Specialists®.

AHCB CERTIFIED: A licensed therapy professional (OT, COTA, PT, PTA, SLP or SLPA) who demonstrates an entry level of competency when incorporating hippotherapy into treatment. Certification requires meeting pre-requisite qualifications including attendance at the AHA, Inc Hippotherapy Treatment Principles courses Parts I and II and successful completion of the national board written exam. Recertification is required every five years. See also 'Hippotherapy Clinical Specialist®

HIPPOThERAPY (HPOT): The term hippotherapy refers to how occupational therapy, physical therapy and speech-language pathology professionals use evidence-based practice and clinical reasoning in the purposeful manipulation of equine movement as a therapy tool to engage sensory, neuromotor and cognitive systems to promote functional outcomes. Best practice dictates that occupational therapy, physical therapy and speech-language pathology professionals integrate hippotherapy into the patient's plan of care, along with other therapy tools and/or strategies. Hippotherapy exists within a medical model of treatment, in which the equine movement is a treatment tool applied by the therapist.

HIPPOThERAPY CLINICAL SPECIALIST® (HPCS): An experienced, licensed therapist (OT, PT, SLP) who demonstrates an advanced level of knowledge and reasoning in using equine movement in treatment. Certification requires experiential pre-requisites and successful completion of the national board written examination and is overseen by the American Hippotherapy Certification Board (AHCB). Recertification is required every five years.

HIPPOThERAPY HORSE: A horse that has been selected, conditioned, and trained to be included in the delivery of hippotherapy. Characteristics include but are not limited to: excellent quality of movement that is symmetrical, rhythmic, supple, straight, adjustable, and with self-carriage. A horse working in hippotherapy must be sound and well-conditioned to the task which usually will consist of moving in a frame with handling from the ground (leading or long lining), with an elevated top line, ability to vary impulsion, halt squarely and stand calmly during transitions on and off and during treatment. The hippotherapy horse is able to discern between the communication from the handler and the patient on their back, and is tolerant of a variety of people around, sounds, sights and experiences without significant reaction. See also entry on "therapy horse". ***The term 'hippotherapy horse/therapy horse' is only applicable to horses included within treatment sessions.***

HORSE HANDLER: Indicates the individual preparing and handling the horse prior to, during and following a treatment session. They respond to directions by the therapist to alter the movement of the hippotherapy horse to cause a response in the patient during a therapy session, or to assist the mental health professional with any horse handling needs, if the mental health professional chooses to use a handler. They are responsible for monitoring the safety and well-being of the horse at all times.

INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH (ICF): The ICF is a framework developed by the World Health Organization (WHO) for describing and organizing information on function and disability. It provides a standard language and a conceptual basis for the definition and measurement of health and disability for all people. The ICF Framework identifies an individual's health status, activity and participation levels, along with environmental and personal factors to help guide therapists in developing goals and treatment that is patient centered.

MENTAL HEALTH PROFESSIONAL: A licensed/credentialed healthcare practitioner who offers services such as psychotherapy and counseling for the purpose of treating mental health disorders and improving a person's mental health. These licensed/credentialed professionals may be clinical psychologists, professional counselors, clinical social workers, marriage and family therapists, psychiatric-mental health advanced practice registered nurses, or psychiatrists.

MENTAL HEALTH - INCLUSION OF HORSES IN MENTAL HEALTH SERVICES: When horses are part of mental health services, the mental health practitioner incorporates elements from interactions with horses and the environment into their existing clinical approach as a way to enhance the therapeutic process. The inclusion of horses in treatment is not a standalone intervention and should not be described as such.

OCCUPATIONAL THERAPIST (OT): Occupational therapy is a skilled service provided by a licensed Occupational Therapist aimed at enabling people of all ages to live life to its fullest. A full life means engagement in the activities that a person wants and needs to do, no matter what injury, illness, condition, disability, lifestyle, or environment stands in the way. Occupational therapy services typically include customized treatment programs to improve one's ability to perform daily activities, comprehensive home and job site evaluations with adaptation recommendations, performance skills assessments and treatment, adaptive equipment recommendations and usage training, and guidance to family members and caregivers. There are educational degrees obtained by Occupational Therapists that are used in conjunction with the state licensure designation of OT, such as the MOT (masters) or OTD (doctorate).

OCCUPATIONAL THERAPY ASSISTANT (OTA)/ CERTIFIED OCCUPATIONAL THERAPY ASSISTANT (COTA): Occupational therapy assistants help patients develop, recover, and improve the skills needed for daily living and working under the direction of licensed occupational therapists. The OTA/COTA is licensed by a State Board.

PATIENT/CLIENT: A recipient of healthcare services. There will be varied usage depending on the provider's discipline and setting. Use of terminology related to persons with functional limitations will follow the common usage by the World Health Organization (WHO) that is 'people first, disability or diagnosis second'. Preferred statement: 'patient with cerebral palsy (CP)'. Incorrect: 'Cerebral Palsy (CP) patient'.

PSYCHOTHERAPY: The treatment of mental illness, behavior disorders, or any other condition by psychological means. Psychotherapy is a process whereby psychological problems are treated through communication and relationship factors between an individual and a trained mental health professional. Mental health professionals, regardless of profession, use Current Procedural Terminology (CPT) codes for psychotherapy when billing for psychotherapeutic services.

PSYCHOTHERAPY - INCLUSION OF HORSES IN PSYCHOTHERAPY: When horses are part of psychotherapy or mental health counseling, the mental health practitioner incorporates elements from interactions with horses and the environment into their existing clinical approach as a way to enhance the therapeutic process. The inclusion of horses in psychotherapy is not a standalone intervention and should not be described as such.

PHYSICAL THERAPY (PT)/PHYSIOTHERAPY; PHYSICAL THERAPIST (PT)/ PHYSIOTHERAPIST: Physical Therapy is a skilled service provided by a licensed Physical Therapist to promote mobility and movement for people of all ages and all levels of function. Physical therapy services typically include customized treatment programs to improve one's ability to be mobile, whether crawling, walking, running, or pursuing athletic activities, the goal is to achieve optimal independence in the patient's chosen environment, in the most efficient and pain free means possible. The Physical Therapist may use handling skills, targeted strengthening, balance skills, sensory adaptation, adaptive equipment, treatment tools, modalities, modified environments and/or patient/caregiver education to decrease the activity or participation restriction identified by the patient. PT is the state designation for physical therapists and only a state licensed physical therapist may use these credentials. There are educational degrees obtained by physical therapists that are used in conjunction with the state licensure designation of PT, such as the DPT (doctorate) or MPT (masters). The term physiotherapist is more commonly used in Canada, Great Britain and other countries.

PHYSICAL THERAPIST ASSISTANT (PTA): Physical therapist assistants provide physical therapy services under the direction and supervision of a licensed physical therapist. In most states, the PTA is licensed by a State Board.

PRACTICE: The exercise of a profession in which knowledge, skill and professional judgment is applied to benefit clients/patients. It also may include the organizational body supporting the practice.

REHABILITATION: Healthcare services such as OT, PT and SLP that help an individual prevent, improve, restore, or replace lost, underdeveloped or deteriorating levels of function in communication and daily living.

SERVICE/THERAPY SERVICE: Therapy services are skilled habilitative and/or rehabilitative services (such as occupational therapy, physical therapy, speech-language pathology or psychotherapy) provided according to the standards and conditions of state boards of practice or Centers for Medicare and Medicaid Services (CMS) and within the scope of practice of the qualified licensed healthcare professional.

SPEECH-LANGUAGE PATHOLOGY (SLP)/ SPEECH-LANGUAGE PATHOLOGIST (SLP): Speech-Language Pathology is the service that a licensed Speech Language Pathologist provides to ensure that all people with speech, language and/or hearing disorders can communicate effectively. The speech-language pathologist is a medical professional who works to prevent, assess, diagnose and treat speech, language, social, cognitive, communication and swallowing disorders for people of all ages. They may use a variety of tools or strategies including addressing oral-motor, respiratory, cognitive, postural and social functions, augmentative means of communication, sensory adaptation and /or electronic equipment/hearing devices. There may be indications of varied levels of educational completion or licensing qualifications. Entry level requires a Masters or a Doctoral degree. There is the option for completion of a year long residency to earn a Certificate of Clinical Competency (CCC) through ASHA. Many states require a teaching certificate for SLPs to provide services in the school. Requirements vary by state.

SPEECH-LANGUAGE PATHOLOGIST ASSISTANT (SLPA): Speech-language pathology assistants are support personnel who perform tasks prescribed, directed, and supervised by speech- language pathologists. These individuals may or may not be required to hold a state licensure.

THERAPEUTIC: Multifaceted definition that is used both in healthcare and lay contexts.

1-(healthcare) Of, or relating to, the treatment of diseases or disorders by remedial agents or methods; serving to cure or heal.

2- (healthcare) A term that falls under one of several billable codes used by therapists (e.g. OT, PT, SLP, mental health professionals). 'Therapeutic' procedures are used to diagnose, treat, or restore function and include physical rehabilitation procedures.

3- (lay) A common term for an activity that has benefit to the body and/or mind of an individual.

THERAPY: Treatment provided by a licensed/credentialed healthcare professional such as an OT/OTA, PT/PTA, SLP/SLPA, clinical psychologist, professional counselor, clinical social worker, among others. Interventions or tools chosen by the professional must be in accordance with the State licensing Board and within the Scope of Practice as outlined by that professions' organization (e.g. APTA, AOTA, ASHA, AAMFT, ACA, APA, APNA, NASW)

THERAPY AIDE/SIDEWALKER: A therapy aide/sidewalker follows the direction of the therapist in maintaining the safety of the individual during a treatment session when a client is positioned on the horse and may assist the therapist with other therapeutic activities. This non-licensed individual may be paid staff or a volunteer. They are trained in and adhere to regulations regarding confidentiality and safety.

THERAPY HORSE:

A horse included in a therapy session. The term therapy horse should be reserved for healthcare settings such as OT, PT, SLP and Mental Health where therapy takes place. A therapy horse is selected, assessed, and prepared for the work role they have in the therapy session. For horses in non-healthcare settings, the terms lesson horse, school horse, adaptive riding horse, or program horse are appropriate. See also entry on *Hippotherapy Horse*.

TREATMENT: Administration of healthcare to a patient/client, conducted by a licensed healthcare professional where a treatment plan is in place. Can be self initiated or initiated by referral or prescription from a physician.

AHA, Inc. - Recommended Terminology for Non-Therapy Areas

ADAPTIVE RIDING (AR): Horseback riding lessons for individuals with special needs. Taught by

experienced instructors who have received specialized training and are often certified to work with students with disabilities. These instructors adapt their teaching style, the environment and/or equipment to facilitate acquisition of riding skills and participation in an enjoyable activity. Opportunities are available to participate in competitive equestrian events, recreation and leisure, education, socialization, and/or fitness. Certification in teaching riding lessons for individuals with special needs may be obtained through organizations such as PATH Intl., Certified Horsemanship Association (CHA), the Canadian Therapeutic Riding Association (CANTRA) or Riding for the Disabled (RDA). 'Adaptive Riding' is synonymous with 'Therapeutic Riding'. AHA, Inc. recommends use of the term 'Adaptive Riding' to replace 'Therapeutic Riding' because it is more accurate and is consistent with other activities and sports for individuals with disabilities. 'Therapeutic Riding' is often confused with 'Therapy', whereas 'Adaptive Riding' is easier to distinguish.

EDUCATOR: A teacher or learning professional who provides education or instruction to others. An educator may include equine interactions in the learning service they provide. The term Equine Assisted Learning is used in this non-healthcare area, but this term violates the healthcare principle of therapy-first, or service-first language. There exists a wide range of professionals in this area (e.g. life coaches, teachers) and the focus on the services they provide varies (e.g. self-esteem, relationship building, personal growth, team teamwork, academic skills). See also the entry on *Facilitator*.

FACILITATOR: A person who helps to bring about an outcome (such as learning, productivity, or communication) by providing indirect or unobtrusive assistance, guidance, or supervision. The term facilitator is often used interchangeably with educator when equine interactions are included in learning-related services. See also the entry on *Educator*.

LESSON HORSE/ PROGRAM HORSE/ SCHOOL HORSE: A horse that has been conditioned and trained for lessons in a variety of equine disciplines. Lesson horses must be sound and well-conditioned to the tasks asked of them. The horse in adaptive riding lessons may carry riders with a wide range of sizes, impairments, and/or behaviors. The horse may need to be able to discern between the communication from a handler (if present) and the rider on their back and is tolerant of having a variety of people around, sounds, sights and experiences without significant reactions. Program horse is another term that can be used in non-therapy settings. See entry on *Therapy Horse* for horses in healthcare settings.

PARTICIPANT: 1) An individual participating in an activity, sport, or event. 2) An individual who participates in a research project. Although the term 'subject' is used in some venues, participant is the preferred term. Participant or student is commonly used to describe recipients of non-therapy services where equine interactions are included.

HIPPA: HIPPA stands for the Health Insurance Portability and Accountability Act. It creates a national standard for protecting the privacy of a patient's personal health information. HIPPA does apply to us out here at the barn.

PATH Intl.: Professional Association of Therapeutic Horsemanship, International

TERMINOLOGY NOT RECOMMENDED FOR USE

EQUESTRIAN THERAPY: This term is confusing as it implies a separate therapy service done to rehabilitate an equestrian (and only equestrians). It may also be confused with the term 'equine therapy/equine physical therapy', which is rehabilitation of horses as done by a Veterinarian, Physical Therapist, or other licensed/certified practitioner such as an Equine Massage Therapist.

EQUINE THERAPIST: Equine therapist is correctly used to describe a physical therapist or other practitioner that rehabilitates horses (see 'Equine Therapy'). The International Federation of Equestrian Sport (FEI) in 2018 began to regulate Equine Therapy at its events, when practitioners are treating horses. There is training and credentials for an equine massage therapist. The term Equine Therapist should not be used to describe the provision of therapy to human clients. There is no profession, curriculum or licensing in the United States for an Equine Therapist or Hippotherapist that treats humans.

EQUINE THERAPY/HORSE THERAPY/EQUINE PHYSICAL THERAPY:

1- Rehabilitation of horses as done by a Veterinarian, Physical Therapist, or other licensed/certified practitioner such as an Equine Massage Therapist.

2- Equine Therapy is also used inaccurately and sometimes fraudulently used (calling activities “therapy” when they are not provided by a licensed therapist). It is incorrect to shorten Equine Assisted Therapies (EAT) to ‘equine therapy’.

Do not use the term Equine Therapy/Horse Therapy when the recipient of the intervention or service is a human.

HIPPOTHERAPY PROGRAM/SESSION/TREATMENT/CLINIC: Because hippotherapy is not a stand-alone treatment, it is inaccurate to refer to treatment occurring in a 'hippotherapy program,' or a 'hippotherapy clinic'. Additionally, it is not correct to call an occupational therapy, physical therapy or speech language pathology treatment session a 'hippotherapy session'. A patient may be referred to a therapist because he/she specializes in or is able to offer the use of equine movement, and the referral is for PT, OT or SLP. Recommended terms to use instead are Physical/Occupational/Speech Therapy Practice, Physical/Occupational/Speech therapy session (incorporating hippotherapy as a treatment tool/strategy), Physical/Occupational/Speech therapy treatment, or Physical/Occupational/Speech therapy clinic.

HIPPOTHERAPIST: A hippotherapist indicates a person who practices hippotherapy as a separate service or profession as occurs in Germany or some other countries. Hippotherapy in North America is within the scope of practice for PT, OT, and SLP and cannot be separated. Additionally, the education for hippotherapy in North America is structured as a continuation to existing OT, PT or SLP professional education, and there is no separate degree or licensing for hippotherapy. There is no profession of hippotherapy, nor are there hippotherapists in the US.

HORSEBACK RIDING THERAPY (HBRT or HBT): A term that implies the use of horseback riding as a means for rehabilitation. The action of using horseback riding in treatment may be appropriate in an extremely limited situation, such as the vocational rehabilitation of a professional rider, but this would still be Physical or Occupational Therapy, with horseback riding written into the treatment plan, and it is never called 'Horseback Riding Therapy'.

RIDER: A person who is riding or who rides something, especially a horse, bicycle, motorcycle, or snowboard. This term is appropriate to use when an individual rides a horse, such as in an adaptive riding program. This term should not be used when an individual is the recipient of therapy services incorporating hippotherapy or a recipient of psychotherapy or counseling with mounted equine interactions. In a healthcare setting, the recipient of services is typically referred to as a patient or client.

RIDING: If a therapy client is mounted on the horse in a healthcare setting, it is not appropriate to refer to the client as “riding”. Riding happens in leisure settings and riding instruction settings, it is not an activity that is part of treatment. A suggested term to use when the client is on the horse during therapy is “mounted”, as in, the client is mounted on the horse.

THERAPEUTIC RIDING (TR): The term Therapeutic Riding is synonymous with Adaptive Riding. AHA, Inc recommends replacing the term Therapeutic Riding with Adaptive Riding (See Adaptive Riding). Therapeutic Riding is often confused with therapy. Additionally, the term Adaptive Riding is more accurate to describe horseback riding lessons that are adapted for individuals with special needs. Hippotherapy is not a form of therapeutic riding or adaptive riding, and this term should not be used to describe therapy services that incorporate horses.

Volunteer Positions

HORSE LEADER

During a lesson, the leader is responsible for the control of the horse and the horse only. They are also responsible for bringing in and turning out the horse that they are leading. During a lesson they should focus primarily on the horse. If the horse becomes distracted and the leader is focused on the rider, and not the horse, the horse is more likely to spook and the leader is not able to react as quickly as needed.

Main Responsibility: To focus on the horse, leading and controlling the horse during the lesson. The leader must also be aware of the rider, instructor, side-walkers, and any potential hazards in and around the arena. Report any horse related problems to the instructor.

Prerequisites to Becoming a Horse Leader at HOPE:

1. Previous experience with horses, including riding and/or stable management
2. Knowledge of good leading technique and ability to demonstrate it.
3. Knowledge of a horse's moods and behaviors and the ability to demonstrate that knowledge.
4. Knowledge of how to safely guide horse through the ramp or mounting block.
5. Attentiveness to input from instructor and rider is essential.
6. Ability to walk briskly for 1 hour over uneven footing.
7. Must attend a volunteer training session and demonstrate abilities required.

SIDE-WALKER

The side-walker is responsible for assisting the rider with balance and safety throughout the lesson. Their sole purpose is to focus on the rider and keep the rider safe. With the assistance of the side-walker, our therapist is able to maximize the rider's potential during each session. Depending on the rider's specific disability, one to two side-walkers are needed for each therapy session. When there are more than needed for solely the rider's safety, the additional side-walkers can help with games or observe the lesson.

Main Responsibility: To focus on the client, listening to the instructor/therapist, relaying and interpreting commands to the client and other support team members as necessary while ensuring the overall safety of rider during mounting and lesson. The side-walkers walk on either side of the horse (one on each on one side) at the client's knee, and give the rider support. The support the side-walkers give is either at the joints, a light pressure on the thigh with the hand, or their forearm over the client's thigh with the side-walker's hand holding the saddle or surcingle. The side-walker must be aware of the client, instructor/therapist and any activities in and around the arena.

He/she will be responsible for aiding the client in traditional mounting at the ramp or mounting block.

BARN AND GROUND DUTIES

There are always many duties that volunteers can do that include various aspects of horse care and grounds care. There is a list on the white board in the barn that includes possible tasks. When there are more than enough volunteers to sidewalk, or a rider doesn't show up, we really appreciate when volunteers jump in and help with the many other tasks around the barn.

STUDENT BOARD OF DIRECTORS

Ask us about getting involved on this student board to help with various things including fundraising, activity planning, and more!

FUNDRAISING COMMITTEE

For those who are interested in fundraising, join our committee and bring your ideas to help HOPE support all of its programs. Also, if you are part of a group that participates in philanthropy, we would love to be your cause! Please talk to one of the staff to inform us of your interest!

Dress Code



REFLECT YOUR RESPECT!

Below is a list of clothing that is NOT PERMITTED. Volunteers who arrive to the barn dressed in inappropriate clothing will be asked to leave and return in the proper dress attire. For those volunteers that must wait on transportation, they will be asked to wait in the office.

- NO RUNNING SHORTS, VOLLEYBALL SHORTS, SKORTS OR BEACH SHORTS
- NO SAGGING PANTS
- NOT SPAGHETTI STRAP TOPS
- NO SEE THROUGH OR REVEALING CLOTHING
- NO EXPOSED MIDRIFTS
- ATTIRE CANNOT DISPLAY OFFENSIVE SLOGANS, SYMBOLS, OR DRUGS AND ALCOHOL
- NO SLIPPERS, SLIDES, FLIPFLOPS SANDALS OR HEELED SHOES – **TOES MUST BE COVERED**

Barn Rules and Notes:

HOPE-Horses Helping People, Inc. is a professional barn and takes utmost pride in everything running smoothly and correctly. We are also considered a health care facility. Therefore we are bound by HIPPA and PATH International regulations and rules. Below is a list of general rules that we have for the barn. Please keep in mind that we are models for our riders, so they tend to think that everything that we do is appropriate for them to do.

1. **Please arrive 15 minutes prior to the start of the lesson** that you are scheduled to volunteer for. Please be on time as our rider's depend upon their volunteers to make their lessons run smoothly.
2. **If you cannot make it to the session please notify your supervisor or the volunteer coordinator** as soon as you know you can't make it. If you are running late, please text or call one of us.
3. **Sign in and sign out.** The volunteer sign in book is in the barn – either in the tack room, or on the table in the breezeway. Please make sure to sign in, sign out, and total your hours for the day. Please round up to the nearest half hour. If you do not complete these steps, you will not receive the hours for that day.
4. **Appropriate dress is a must.** Closed toed shoes are mandatory. Please do not wear revealing shirts or shorts. Tank tops are okay if they are not showing cleavage. Please do not wear short-shorts. Keep in mind that we are a business, even though business is conducted at the barn.
5. **Drive slowly.** Once you have gotten to the wooden fence please slow your vehicle to **15 mph or less**. Please also lower your music as loud noises can spook our horses.
6. **Please bring a water bottle.** There is bottled water in the fridge, but we try to save that for our riders. You are more than welcome to bring more than one bottle of water and leave it in the fridge.
7. **Prepare for the weather.** We are outdoors and in the sun, so wearing sun block or a hat and having bug spray on hand, is always a good idea. During winter make sure to dress warm!
8. **No calling on texting during sessions.** It is rude and disruptive to the rider, other volunteers, and the therapist/instructor to have a cell phone go off during sessions. It is also unsafe for the rider as your attention should be on them or the horse – NOT your phone. You may have your phone in your pocket, but please put it on silent and don't take it out to text during a session.
9. **Ask if there is anything that needs to be done.** If you find yourself sitting around doing nothing, ask us if there is something that needs to be done. There is always tack that needs to be cleaned, horses to be groomed, tack room to be tidied up and organized, water troughs to be cleaned, etc... We always have things to be done that will help our facility be the best it can be.
10. **Plan on staying at least 15 minutes after the last lesson** (if you're scheduled at the end of the day) and help clean up. If you have made a mess or see a mess, please don't leave the barn until it is cleaned up. Don't forget that we act as role models for our riders. If one person puts away one thing that is no longer being used, we will be done faster at the end of the day.
11. **Don't be distracting to the riders.** Talking amongst one another is fine, but if it becomes loud and distracting to the riders, please move outside of the barn.
12. **Appropriate language in the barn.** No swearing. Also, please don't talk about personal relationships or parties that you went to over the weekend.
13. **Interact with our riders.** You can always offer to help, but do NOT just do the tasks for the riders. Strive to offer them as much independence as they can safely handle.
14. **Follow HIPPA laws.** You may talk about HOPE outside of the program, but please be careful because we are required to follow HIPPA law. You can discuss how sessions are going, but please do not use names or be specific about riders.
15. **Treat riders as equals.**
16. **Put your differences aside.**
17. **Don't hesitate to ask any questions you may have.**

30 Ways to be a Better Volunteer at HOPE

1. Always consider safety first.
2. Treat horses and riders kindly.
3. Remain calm in an emergency and do your job.
4. Smile – it says a thousand words...only louder!
5. Acknowledge the efforts of your rider.
6. Reach out to new volunteers and help them feel comfortable by introducing yourself and engaging them in activities.
7. Always encourage the rider to thank their horse... and don't forget to thank the horse yourself!
8. Never be afraid to ask for help if you get nervous in a situation or feel as though you are not quite ready to work around the horses. Horses can sense when you are nervous or afraid.
9. Do not talk through your rider... talk TO your rider.
10. Support your team by not criticizing or making fun of anyone.
11. Encourage teamwork among volunteers.
12. If you have a question, ask! Someone will always be willing to help.
13. If you are unable to understand a rider, don't be afraid to ask for assistance.
14. Be courteous and respect each person's needs.
15. Greet your rider and other volunteers to make everybody feel welcome.
16. Do not prejudge a person's abilities.
17. Make new friends during your volunteer experience.
18. Observe nonverbal communications of riders and horses... the eyes, mouth, face, and many body movements are key communicators.
19. Encourage riders to be as independent as their abilities enable them.
20. Allow a rider to fail as well as succeed and make sure to praise when they do succeed (as well as when they put a good effort forward).
21. Bring your positive energy to the barn -- not your problems. Riders, parents, caretakers, volunteers, and horses all notice.
22. Help maintain a safe, clean, and welcoming environment.
23. Be excited to learn and participate.
24. Treat others as you would like to be treated.
25. Allow riders to share their lives and friendships with you.
26. Know your own limitations and don't be afraid to admit them. Let yourself be humbled.
27. Don't bring your pets, children, or others without permission.
28. Choose your words carefully as they impact the lives of all who are around you.
29. Be sober and drug free every time you volunteer.
30. Have fun! Volunteering should be a rewarding and enlightening experience. Enjoy it!

NOTE TO ALL VOLUNTEERS:

Individual's experience with horses can vary; therefore at HOPE we may not have the same opinions on horse care, riding, leading, etc. However, we have to maintain consistency for the sake of proper training of our therapy horses. All of our HOPE staff has extensive backgrounds with horses and speak regularly on their opinions on the handling of our horses. Please do not be offended if you are corrected, we are not necessarily questioning your equine skills; we are only providing you with the training our horses receive on a day to day basis to help you be a better volunteer. If you have a question or concern, please feel free to discuss it with a HOPE representative in private at the end of the day's sessions.

Our Horses



Rocky

Color: Paint

Breed: Miniature Horse

Sex: Gelding

Previous career: Personal Ponies, Ltd.

Fun fact: Rocky is only 36 inches tall but he thinks that he is the biggest horse in the barn.



Andy

Color: Paint

Breed: Pony

Sex: Gelding

Previous career: Hunter show pony

Fun fact: Andy is very protective of Rocky and is always with him.



Sunni

Color: Gray

Breed: Unknown

Sex: Gelding

Previous career: Hunter show pony ridden at HITS and was 2013 HITS Circuit Champion for his division.

Fun fact: Sunni is the youngest horse we have at HOPE.



LILA

Color: Bay

Breed: Appaloosa

Sex: Mare

Previous career: Avianna Luizzo's 4H competition horse

Fun Fact: Lila thinks she is queens of the pasture



Boss

Color: Chestnut

Breed: quarter horse cross

Sex: Gelding

Previous Career: cowboy horse

Fun fact:



Alvin

Color: Chestnut

Breed: Arabian

Sex: Gelding

Previous career: Show horse with Fox View Farm

Fun Fact: Once Alvin gets going in the round pen, he likely won't stop!



Cracker

Color: Chestnut

Breed: Quarter Horse

Sex: Mare

Previous career: Worked cows and trail horse

Fun Fact: Cracker is super curious and loves watching everything that is going on in the barn



Cinnamon

Color: chestnut with white markings

Breed: red roam paint / quarter horse

Sex: gelding

Previous career: used to lead out horses on the track

Fun fact: Cinnamon is a well-natured, good ole southern boy

The Benefits of Equine-Assisted Therapies and Activities on Individuals with Varying Exceptionalities

The following is a brief, non-medical description of some but not all of the disabilities and conditions you may encounter during your volunteer experience at HOPE – Horses Helping People, Inc. This is not intended as a comprehensive explanation of a specific disability but rather as a general overview, along with an explanation of how equine-assisted therapies and activities may be beneficial.

Cerebral Palsy

"CP"- a non-progressive motor disorder, with impairment to the involuntary movement due to loss of oxygen to the brain either neo-natally or during birth. Speech, hearing, vision, learning and/or memory deficits may be present; however, normal intelligence is often not affected unless further brain damage has occurred. There are three main types of cerebral palsy:

- **Spastic:** Occurs in approximately 70% of all cases. It may affect motor function in one or more limbs. The muscles stay flexed and tense and the facial muscle involvement may affect speech. Balance is poor.
- **Athetoid:** Occurs in approximately 20% of all cases. There is constant movement in a disorganized, uncontrolled manner. Often worm-like movement. The use of arms and hands for support, grasp, and holding on are inadequate. It appears more obvious during periods of emotional tension. Speech functions are unusually involved.
- **Ataxic:** Occurs in approximately 10% of all cases. Weakness, poor coordination, and difficulty with quick and fine motor movements result in loose. "rag-doll" appearance.

Benefits: Improves balance, posture, and the ability to relax. It also strengthens weakened muscles.

Down Syndrome

It is one of the more easily and widely identified hereditary disabilities.

Benefits: May improve expressive and receptive language skills, gross and fine motor skills, balance, posture, and coordination.

Emotional Disabilities

"ED"- A congenital or acquired syndrome often compounded by learning and/or physical disabilities incorporating numerous other pathologies. In general, emotionally disturbed individuals have trouble coping with everyday life situations and interpersonal relationships. Behaviors such as short attention span, avoidance, aggression, autism, paranoia, or schizophrenia may be exhibited.

Benefits: May provide structure to a disorganized thought pattern, increase feelings of self confidence and self-awareness, and provide appropriate social therapy.

Hearing Impairment

Hearing impairment may vary from mild to severe and may be congenital or acquired. True deafness is defined as hearing loss in both ears severe enough to prevent communication through the ear even with amplification. Communication with the deaf may involve lip reading, finger spelling, or sign language.

Benefits: May help increase self-confidence, balance, posture, and coordination. It also provides appropriate social outlets and interactions.

Learning Disabilities

"LD"- Learning disabled is a catch-all phrase for individuals who have problems processing, sequencing, and problem solving, but who appear to have otherwise normal intelligence skills.

Benefits: May increase attention span, group activity skills, cooperation, receptive and expressive language skills, posture, and coordination.

Mental Retardation

"MR"- A defect where the individual possess a sub-average intellectual function. It may also involve delayed physical and emotional development.

Benefits: May help increase group activity skills, balance, coordination, posture, gross and fine motor skills, and eye-hand coordination.

Multiple Sclerosis

"MS"- A slowly progressive central nervous system disease with an on set occurring in adults between 20-40 years of age and more frequently in women than men. Symptoms and manifestations include weakness in one or more limbs, visual impairment, gait disturbances, weakness on one or both sides of the body, emotional highs and lows, and inattention. MS runs a course of progression with periods of remission. There is no known cure for MS.

Benefits: Maintains and strengthens weak muscles and provides highly recommended opportunities for emotional therapy.

Autism

A developmental disability that appears during the first three years of life. The result is a neurological disorder that affects the functioning of the brain in areas of reasoning, social interaction, and communication skills.

Benefits: May promote the development of social and communication skills.

Muscular Dystrophy

"MD"- A hereditary disorder usually appearing in infancy or early childhood. It is characterized by progressive skeletal and voluntary muscle deterioration. There is no known cure for this disease, which often severely shortens life. People with MD are easily fatigued, especially when it is cold or hot.

Benefits: May slow muscle tone degeneration and maintain muscle function. Riding provides appropriate opportunities for social interactions and elevating emotional depressions.

Spina Bifida

A congenital defect where, at birth, there is incomplete closure of the spinal column. There are usually varying degrees of paralysis of the lower limbs; however, life expectancies are not necessarily shortened.

Benefits: Improves balance, posture, and muscle strength in the affected limbs.

Traumatic Brain Injury

"TBI"- Head injuries cause more disabilities in people under the age of 50 than any other neurological cause.

Injuries may be closed head (CHI), where intracranial bleeding causes pressure, or open penetration where profuse bleeding and open wounds insure permanent damage. Deficits may include gross and fine motor skills, cognitive disabilities such as long and short term memory functions, visual limitations, speech, balance, and psychological alterations.

Benefits: Improves balance, posture, gross and fine motor skills, and cognitive deficits such as sequencing and processing.

Visual Impairment

Visual deficits may range from severely limited to total, and may be caused by a congenital defect, traumatic illness, or injury. If onset if from birth to five years, the person affected has no visual memory. Impairments occurring after five years are accompanied by memories of people, places, and things. A person is blind only if he has total loss of vision. If some vision is present, then the person is visually impaired.

Benefits: Helps orient the body in space and improves balance, posture, coordination, and self-awareness. The voice of the instructor is a point of orientation in space for the rider, therefore, unnecessary sounds should be avoided, as they are a distraction.

Prader-Willi Syndrome

A complex non-hereditary birth defect resulting from an abnormality on the 15th chromosome. PWS typically causes low muscle tone, short stature, incomplete sexual development, and a chronic feeling of hunger that, coupled with a metabolism that utilizes drastically fewer calories than normal, can lead to excessive eating and life-threatening obesity. Intellectual, social, and motor deficits also exist.

Benefits: Exercise to combat calorie intake, social interaction, and strengthening of weak muscles.

Scoliosis

Lateral curve of the spine with a C or S shape with rotary component. Shoulder, trunk and waistline asymmetry. May have back pain and postural fatigue.

Benefits: Stimulates postural symmetry, strengthens trunk muscles.

Common Horse Terms

Horse Genders

Stallion: An intact male horse

Gelding: A non-intact male horse

Mare: A female horse

Horse Coat Colors

Appaloosa: A solid body color with small spots

Bay: Body color ranges from a light reddish-brown to very dark brown with "black points". (Points refer to the mane, tail, and lower legs.)

Chestnut: A reddish body color with no black. Mane and tail are the same shade or lighter than the body coat.

Cremello: A horse with a chestnut base coat and two cream genes that wash out almost all color until the horse is a pale cream or light tan color. Often called "white", they are not truly white horses, and they do not carry the white gene. A cremello usually has blue eyes.

Dun: Yellowish or tan coat with primitive markings, sometimes called "dun factors": a darker-colored mane and tail, a dorsal stripe along the back and occasionally faint horizontal zebra stripings on the upper legs and a possible transverse stripe across the withers.

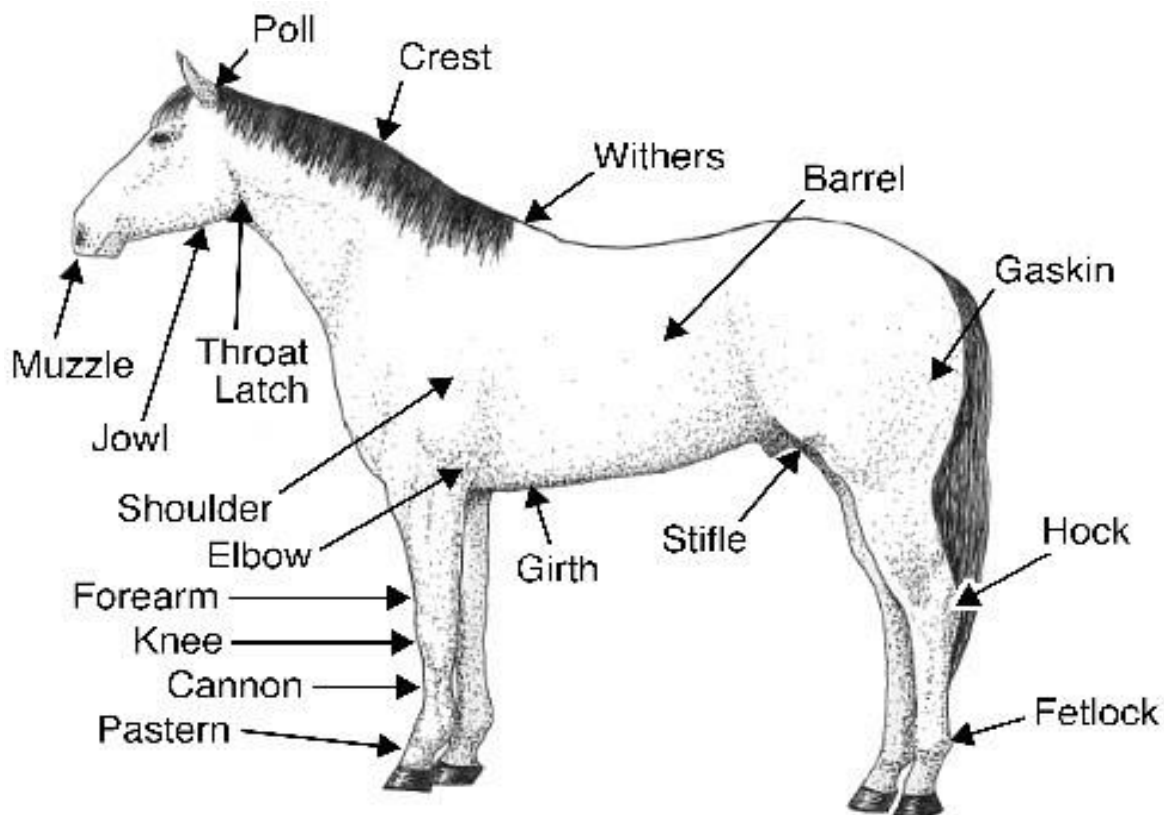
Flaxen: comparable to blonde, usually a mane and tail color

Gray: A horse with black skin but white or mixed dark and white hairs. Gray horses can be born any color, and lighten as they age. Most will eventually gray out to either a complete white or a "flea-bitten" hair coat. Most "white" horses are actually grays with a fully white hair coat. A gray horse is distinguished from a white horse by dark skin, particularly noticeable around the eyes, muzzle, flanks, and other areas of thin or no hair.

Pinto/Paint: Having two main body colors

Palomino: chestnut horse that has one cream dilution gene that turns the horse to a golden, yellow, or tan shade with a flaxen or white mane and tail. Palominos range in shades from extremely light, almost cremello, to deep chocolate, but always with a white or flaxen mane and tail.

Basic Horse Parts



Barrel: the body of the horse, enclosing the rib cage and the major internal organs

Coronet band: the ring of soft tissue just above the horny hoof that blends into the skin of the leg

Elbow: The joint of the front leg at the point where the belly of the horse meets the leg

Frog: the highly elastic wedge-shaped mass on the underside of the hoof, which normally makes contact with the ground every stride, and supports both the movement and circulation of the horse

Girth: the area right behind the elbow of the horse, where the girth of the saddle would go; this area should be where the barrel is at its greatest diameter in a properly-conditioned horse that is not pregnant or obese

Hoof: the foot of the horse; the hoof wall is the tough outside covering of the hoof that comes into contact with the ground and is, in many respects, a much larger and stronger version of the human fingernail

Poll: Poll joint is at the beginning of the neck, immediately behind the ears

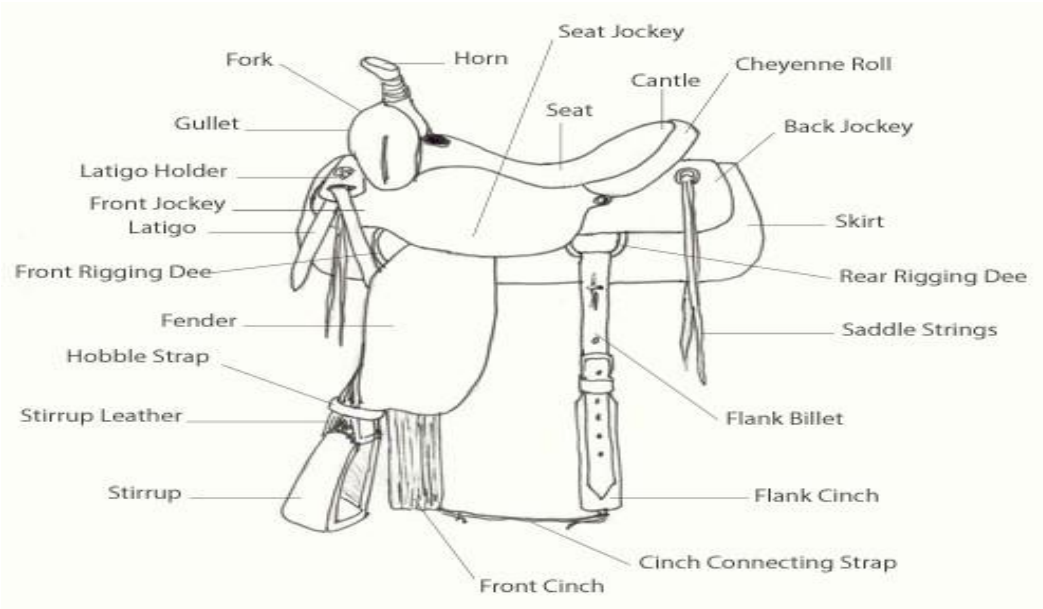
Shoulder: made up of the scapula and associated muscles, runs from the withers to the point of shoulder (the joint at the front of the chest, i.e. the glenoid)

Stifle: Corresponds to the knee of a human, consists of the articulation between femur and tibia, as well as the articulation between patella and femur

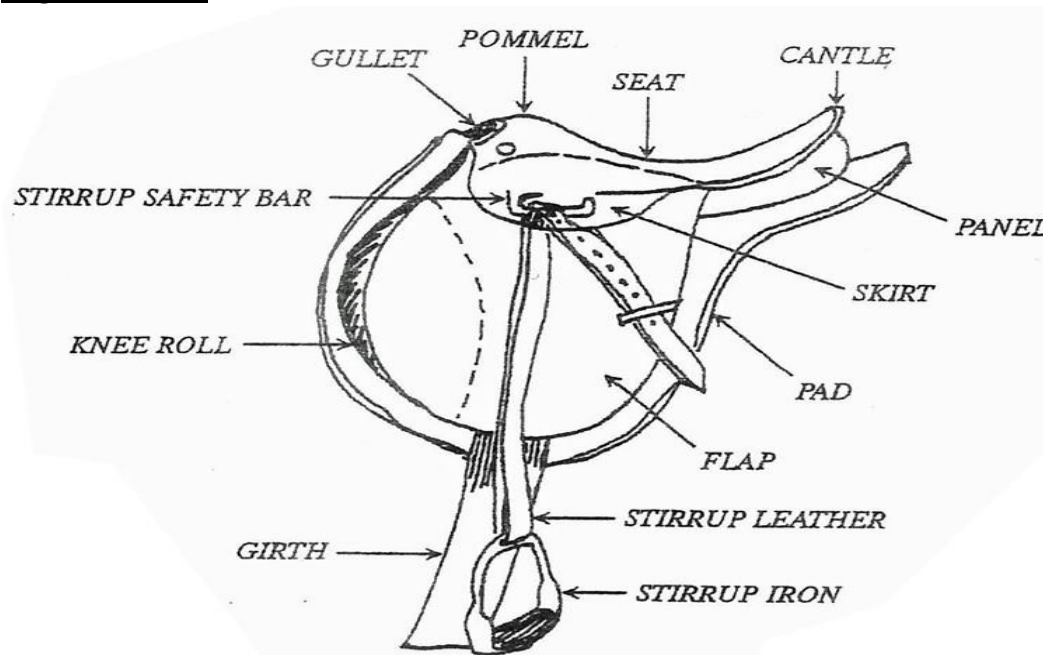
Withers: The highest point of the thoracic vertebrae, the point just above the tops of the shoulder blades, seen best with horse standing square and head slightly lowered; the height of the horse is measured at the withers

Saddle Parts

Western Saddle:



English Saddle



Emergency Procedures

Medical Injury Procedures

1. When an emergency occurs, REMAIN CALM. SURVEY THE SCENE to assess any other potential dangers.
2. The therapist/instructor will appoint a staff member or volunteer to get the First Aid Kit which is located in the cabinet on the right side in the back of the tack room. Call 911 whenever the situation is more than you can safely handle or if you are unsure about what to do.
3. If needed, the therapist/instructor will delegate someone to contact 911. HOPE's phone is located in the tack room. If using a cellular phone, please make sure you are outside of the barn area since cell service is bad in the barn.
 - Directions for calling 911: Emergency information is also posted near the telephone in the tack room.
 - Provide HOPE's physical address:
9722 SW 153rd Avenue
Archer, Florida 32618
 - Provide HOPE's phone number:
(352) 475-0533
 - *If calling from your cellular phone, please also provide that number.*
 - Provide information pertaining to the emergency including the nature of the emergency, number of victims and their conditions and the help being given.
 - DO NOT HANG UP until the dispatcher tells you to do so.
 - Ask that sirens be silenced prior to arrival (as horses spook easily).
4. If the injured is a participant or volunteer with HOPE, the instructor will appoint a volunteer to get the injured person's Emergency Medical Release Form from the files which are located in the office and give it to the instructor. This form should accompany the injured person to the Emergency Room.
5. The instructor will appoint a volunteer to go to the road and wait for the emergency vehicles. The volunteer will stop the driver and have the lights and sirens turned off, and direct the medical attendant to the individual needing medical attention.
6. The instructor will appoint a volunteer to stay with the injured individual once they have been stabilized.
7. The instructor will direct the horse leader/handler and side-walkers to remove the other riders to a safe area for dismounting, and remove the horses and riders from the area, if appropriate.
8. The instructor will notify the parents/caretakers indicated on the forms or will designate another staff member or volunteer to do the notification.
9. After appropriate action has been taken, an Incident Report should be filled out by the instructor or staff member who was involved. Details of the incident, actions taken, and interviews with 3 witnesses should be included.

Fire Procedures

PLEASE REMEMBER, HUMAN LIFE IS OF UTMOST IMPORTANCE!

1. In the event of a fire in the barn, a HOPE staff member will be in charge of the situation.
2. For a small fire, fire extinguishers are located throughout the barn but please use common sense and in the event that a fire is growing and becoming uncontrollable, immediately step away from the fire and call Emergency Services (911).
 - Provide HOPE's physical address:
9722 SW 153rd Avenue
Archer, Florida 32618
3. Only adults will assist in the evacuation of the horses.
4. Remove riders from horses and lead all to a safe area, far away from the fire.
5. Please make sure all cars are immediately removed from the barn area and as far away from the fire as possible to make room for emergency vehicles.

6. A small bar fire can quickly spread; it only takes about 30 seconds for a small fire to spread throughout the entire barn. Please do not run back into a burning barn for any reason!

Tips to Prevent Barn Fires

- No smoking in or around HOPE's facility!! Hay, dry grass, and brush can quickly go up in flames by one cigarette not being disposed of properly so please dispose of your cigarettes before turning on to HOPE's road (SW 153rd Avenue)
- Please turn off all electric devices when leaving barn unless instructed otherwise by a HOPE personnel. We do sometimes leave the fan going for horses being stalled in the summer, this is allowed.
- Help us keep HOPE clean and free of dust, cobwebs, trash, soiled paper towels and other easily ignited fire hazards.

Frequently Asked Questions

What volunteer opportunities does HOPE offer?

There are numerous ways you can get involved with HOPE. Volunteers that are interested in working around riders, other volunteers, and horses can volunteer during therapy sessions. Additionally, the facility needs constant upkeep so we offer opportunities for volunteers to work with our farm manager on barn chores. We also always have a need for those of you who don't like to get dirty doing paperwork, thank you letters, fundraiser planning, office work, etc. Let us know what your goals of volunteering are and we will make sure you meet those goals.

Who can volunteer?

Anyone can volunteer with HOPE after completing the volunteer forms. We ask that our volunteers be at least 14 years old but under special circumstances we will allow younger volunteers. Therapy sessions require a lot of walking and even some jogging, so please let us know if you have an issue that prevents you from being able to walk long distances. If you are unsure of what volunteer area is the best fit for you, then let us know and we'll help you find a role that suits your needs.

How often do I need to volunteer?

We ask that our volunteers donate at least 1-hour a week for one semester. Of course, we hope that you'll choose to stay with us for longer. Our riders get attached to our volunteers so having a volunteer suddenly stop attending sessions is disappointing. We understand that schedules can change but please give us proper notice of a schedule change so we can find someone to take your place. Please be prompt. Sign in and out on the volunteer sheet, which is located in the tack room or in the breezeway. Please notify us as soon as possible if you cannot assist in your scheduled session. We depend on our volunteers for every session at HOPE, so if you aren't able to make it we will need to find someone to fill your vacancy.

Do I need horse experience?

You do not need horse experience to volunteer at HOPE. We do recommend that you are at least comfortable working around horses if you are going to participate in sessions. There are some volunteer areas in which we do require horse experience, such as being a horse leader or exercise rider. If you are nervous working around horses but still want to get involved with HOPE then let us know as we have many other volunteer opportunities that don't involve working around horses.

When is HOPE open?

Horses require attention 24 hours a day, 7 days a week, even on holidays, so HOPE is technically always open but we do ask that you contact a HOPE representative before coming out to the farm. The barn is closed for private sessions on Thursdays and Fridays. If a private session is going on, there will be a sign outside of the barn stating that the barn is closed.

When are sessions held?

Regular sessions are currently held on Monday, Tuesday, and Wednesday afternoons. Please e-mail ridingtherapy@gmail.com for the exact times.

What do I need to bring to a session?

- Appropriate clothing – close-toed shoes and no inappropriate clothing (no cleavage, no short-shorts, etc)
- Drinks and snacks for yourself.
- Volunteer paperwork if it is your first day.
- A positive attitude!

Can I bring my cell phone?

HOPE doesn't mind if you carry your cell phone but please make sure that you have it on silent. Ring tones and vibrating phones can easily scare a horse. We also ask that you don't talk on the phone during a session.

How do I know if a session has been cancelled?

We try not to cancel sessions but there are times that weather makes it impossible for HOPE to hold sessions. We will make every effort possible to contact you in the event of a session being cancelled. Please don't just assume that a session is cancelled because it is raining where you are. Feel free to contact a HOPE representative if you have any questions. The volunteer coordinator is usually the best person to call. Their number is on the whiteboard at HOPE, and they were probably the one emailing you about volunteering.

What is the dress code?

Wear outdoor clothes suitable for the season. Wear comfortable closed-toed waterproof footwear, such as boots or sneakers -- NO sandals! Because of temperature variations, layering of clothing is a reasonably sure way of being comfortable. Wear clothes and shoes that can get dirty. You will be in the sun, so bring a hat if you wish. Please understand that even though this is a barn, it is still a place of business so no low-cut tops, short-shorts, clothes with inappropriate wording or symbols, shirts that show your midriff, etc. We also recommend that you don't wear jewelry but if you do, make sure that it isn't something that a horse or rider can easily grab.

Why is health insurance required in order to volunteer?

In order to be a PATH Intl. certified facility, we are required to have anyone on the property carry health insurance. For more information on NARHA rules please visit www.PATHIntl.org.

What am I allowed to talk about in front of the riders?

Volunteers are allowed to engage in conversation among themselves and the riders. Our riders enjoy interacting with our volunteers so make sure you choose appropriate topics that they can discuss with you. There is absolutely no foul language or inappropriate subjects allowed when you're at HOPE. Feel free to talk to the instructor after the lesson about any questions you have regarding the rider or lesson. Always listen to the instructor and follow directions that are given.

Can I ride the horses?

We do need experienced riders to exercise our horses. In order to get clearance to ride the horses you have to get approved by one of HOPE's representatives. We also ask that you volunteer for at least 10 hours to familiarize yourself with the facility and horses before you ride. Helmets must be worn at all times when mounted. If you are interested in becoming an exercise rider for HOPE, please let us know and we will discuss it with you.

How do I terminate my volunteer position?

We understand that all good things must come to an end so in the event that you decide to leave your role of being a volunteer please give us advanced notice so that we can find someone to fill your spot. If you are only volunteering to earn a certain number of volunteer hours, please let us know when you begin so we can make a schedule that works for both you and us. No longer volunteering without first consulting us causes problems for everyone involved with HOPE, so please give us some type of notice when you decide to terminate your volunteer role. If you feel that you aren't comfortable or happy in the volunteer position you have, let us know and we'll move you to a more suitable place within HOPE.

Signature Page

I verify that I have read and understood the Volunteer Handbook in its entirety.

Volunteer Signature: _____ Date: _____

(Volunteer or parent/guardian if under 19)

*Please print just this last page to bring in along with the Volunteer Packet.