Volunteer Information and Release

Name:_____ DOB:_____
Name of Parents or Guardians (if minor): _____
Address:_____
City:_____State:_____Zip Code: _____
Cell Phone: _____Email:_____
Emergency Contact: _____ Phone: _____

Please email completed packet to Rachael@wyldehorses.com

PLEASE CHECK AVAILABILITY, ALL THAT APPLY:

Monday

8am-12pm	
1:00pm-5pm	

Tuesday

8am-12pm	
1:00pm-5pm	

Wednesday

8am-12pm	
1:00pm-5pm	

Thursday

8am-12pm	
1:00pm-5pm	

Friday

8am-12pm	
1:00pm-5pm	

Saturday

8am-12pm	
1:00pm-5pm	

Sunday

8am-12pm	
1:00pm-5pm	

Are you flexible with your schedule?

Do you have any health concerns and/or taking any medications? (Please specify)

Do you have any medical conditions that we should be aware about? (If yes, please specify)

Do you have any physical limitations? (If yes, please specify)

Are you sensitive to heat?

Do you have horse experience? (Please elaborate)

Do you have experience with people with a disability?

Are you comfortable with a background check?

Liability Release

I agree and understand that all volunteering with horses and any other activities engaged in with Wylde Horses Therapeutic Riding Facility is solely at my own risk, and that Wylde Horses Therapeutic Riding Facility is not liable for any injury which may occur to me while engaged in these activities, whether bodily injury or otherwise. I understand that working with horses is a risk and may result in injury and even death. I also give my permission to Wylde Horses Therapeutic Riding Facility to provide me with any emergency medical care and to call medical personnel if necessary. I further agree to release Wylde Horses Therapeutic Riding Facility, its agents and employees, from any and all liability for any injuries I may sustain while volunteering or engaging in any other activity. The undersigned hereby grants Wylde Horses Therapeutic Riding Facility permission to take and have taken still or moving photographs of themselves. The undersigned also authorizes Wylde Horses to use such photographs in its advertising, news media, brochures, and material. The undersigned also agrees to keep client confidentiality within Wylde Horses Therapeutic Riding Facility. And I further agree to indemnify and hold Wylde Horses LLC harmless to all claims, actions, damages, costs, and expenses, arising therefrom.

_____ _____

Signature of Volunteer Date

_____

Signature of Parent/Guardian Date

Wylde Horses Therapeutic Riding Facility Staff & Volunteer Guidelines: Professional Boundaries and Safety

1. Professional Conduct and Boundaries

We work closely with children and adults of all abilities. It is essential to maintain professional and appropriate boundaries at all times. • Use positive, respectful language. Keep communication professional. • Never use slang, teasing, or comments that could be misinterpreted. • Avoid discussions about personal relationships or appearance. • Use participant names respectfully; avoid nicknames unless approved.

2. Physical Contact

Touch must always be purposeful, professional, and consent-based. • Use touch only for safety or instructional purposes. • Always explain before touching and seek consent. • Stop immediately if a participant is uncomfortable. • Never hug, tickle, or allow a participant to sit on your lap. • Avoid being alone in enclosed spaces with a client.

3. Never One-on-One Policy

To protect everyone, staff and volunteers must never be alone one-on-one with a participant. • Ensure at least two adults are present during sessions. • If alone unexpectedly, move to a visible, public area. • Report any one-on-one occurrence to a supervisor immediately.

4. Recognizing and Reporting Sexual Harassment

Sexual harassment or misconduct of any kind is strictly prohibited. Examples include: • Inappropriate or suggestive comments or gestures. • Unwelcome physical touch or hugs. • Sharing sexual or romantic information. • Displaying or sharing inappropriate content. Report any incident immediately to Rachael Martin (CEO) or Bailey Huff (Program Director). All reports are confidential and taken seriously.

5. Protecting Yourself

• Keep interactions visible and transparent. • Maintain professional distance and boundaries. • Document and report boundary concerns or incidents. • Ask for help if unsure how to handle a situation.

Our Promise

Together, we create a space where participants feel safe, valued, and respected, and where staff and volunteers feel supported and protected. Your professionalism ensures Wylde Horses remains a

trusted place for healing, learning, and growth. Thank you for being part of our team!

Contacts:

Rachael Martin, CEO – Rachael@wyldehorses.com Bailey Huff, Program Director – Bailey@wyldehorses.com

By signing below, I acknowledge that I have read, understood, and agree to follow these guidelines.

Signature: _____ Date: _____

Requirements of a Volunteer

1. PLEASE WATCH THE VOLUNTEER VIDEO ON OUR WEBSITE.
   www.wyldehorses.com/volunteer

2. BE PUNCTUAL AND RESPONSIBLE
   We appreciate your time and work while you're here. Our lessons are dependent on YOU! Please be on time and ready to work, unless you have called to let us know you will be late or absent.

3. BE FLEXIBLE
   Please be flexible when working. You may encounter a variety of situations so please be understanding. We have a working ranch, so volunteers are expected to do a variety of chores, from helping in lessons, to cleaning horse pens and water troughs. We all work till the day is done!

4. BE APPROPRIATE
   Please treat everybody at Wylde Horses with kindness and respect!

5. ASK FOR HELP WHEN IN DOUBT
   When volunteering here at Wylde Horses, there is a lot to remember. If you need help, please ask. This is the best way to do things safely and correctly.

6. RESPECT THE PRIVACY OF ALL CLIENTS

WHAT TO BRING AND WEAR

- Sturdy, comfortable CLOSED TOED shoes for safety and protection.
- Please wear clothes that are appropriate and able to work in.
- Avoid long dangling jewelry and earrings.
- Please bring water or refillable cup and any desired snacks during your shift.