



Together ... People & Horses  
Challenge ♦ Strengthen ♦ Inspire

Mailing Address  
PO Box 1250  
Niles, MI 49120  
(269) 429-0671  
[www.tecfarm.org](http://www.tecfarm.org)  
[info@tecfarm.org](mailto:info@tecfarm.org)



## TEC Volunteer Program Packet

Hello and thank you for your interest in the Therapeutic Equestrian Center (TEC)!

We have a wide variety of volunteer options and opportunities from which to choose. You may be interested in helping riders with disabilities in our therapeutic riding program. Perhaps you prefer facility maintenance and ground work. Another choice could be working with horse care and exercising. Office and administration help is also needed. Some volunteers choose all of the above! Whatever your interest, we welcome your involvement and invite you to find your niche in our volunteer family.

We offer a great deal to our southwestern Michigan and northern Indiana community. Our first-rate instructors are accredited with PATH (the global authority, resource and advocate for equine-assisted activities and therapies) and our enthusiastic staff is well trained.

Research has shown that equine-assisted therapeutic activities have a positive impact on people of all ages with a variety of conditions. Interaction with horses can improve physical, cognitive, and mental health for those with disabilities. Improved balance, strength, and a higher self-confidence, and a sense of accomplishment and emotional well-being are some of the documented results. The benefits for volunteers may not be as well documented, but are very real, the experience personally rewarding and meaningful.

We look forward to welcoming new volunteers at TEC. Call us at (269) 429-0671 for information and be sure to join our next volunteer orientation. The volunteer application packet and the Volunteer Handbook are conveniently available for downloading and printing directly from our Web site at [www.tecfarm.org](http://www.tecfarm.org).

The TEC Barn is located at Stockbridge Equestrian Center at 615 N. M-140 in Watervliet.

To become a TEC volunteer, the following forms must be completed and returned to TEC:

### **Volunteer Application Checklist:**

- Volunteer Application
- Volunteer Questionnaire
- Volunteer Authorization for Emergency Medical Treatment
- Therapeutic Equestrian Center Criminal Background Check Release Form (for volunteers 18 years & older)
- Volunteer Release Form & Liability Waiver
- Equine Activity Participation Waiver for Stockbridge II, Inc.
- Volunteer Horse Exercise Application (*If applicable, can be found on our Web site at [www.tecfarm.org](http://www.tecfarm.org).*)



## About TEC

TEC is a 501(c)3 nonprofit organization dedicated to enhancing the lives of people with special needs through horse-related activities. TEC is a place where people of all ages with disabilities can participate in therapeutic horseback riding and other equine-related activities. TEC serves individuals in Berrien, Cass, and Van Buren counties.

### **The TEC barn is located at:**

Stockbridge Equestrian Center  
615 N. M-140  
Watervliet, MI 49098

### **TEC Mailing Address:**

PO Box 1250  
Niles, MI 49120

### **Rider Coordinator:**

Lisa Mearing  
Phone: (269) 806-6892  
E-mail: meariment@aol.com

### **Volunteer Coordinator:**

Beth Drollinger  
Phone: (269) 932-5005  
E-mail: beth.drollinger.com

### **PATH-Certified Riding Instructors:**

Samie Ledyard: (269) 449-4353  
Autumn Zick: (269) 921-4610  
Colleen McNamara: (954) 461-5444

### **General TEC Info & Board Contact:**

Autumn Zick, TEC Board President & PATH Riding Instructor  
Phone: (269) 429-0671  
E-mail: info@tecfarm.org



This form ***MUST*** be returned to TEC in order to participate in the TEC Volunteer Program.

**Volunteer Application (please print clearly)**

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Best way to reach you:  Phone  Text Message  E-mail  Snail Mail  
 (If by phone, which do you prefer:  Home or  Cell?)

If under 18 years old, name and phone number of parent(s) or legal guardian(s):  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer/School: \_\_\_\_\_

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

May we contact you at work?  Yes  No Work Phone: \_\_\_\_\_

**Please check your area(s) of interest:**

- |   |  |  |
|---|--|--|
| <p><b>Lessons*</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Horse Leader</li> <li><input type="checkbox"/> Side-walking with a rider</li> <li><input type="checkbox"/> Instructor</li> <li><input type="checkbox"/> Ring Assistant</li> </ul>                        | <p><b>Horse Care</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Horse Exerciser*</li> <li><input type="checkbox"/> Chore Support/Person</li> <li><input type="checkbox"/> Cleaning Stalls</li> <li><input type="checkbox"/> Cleaning Tack</li> <li><input type="checkbox"/> Finding/Assessing New Horses</li> <li><input type="checkbox"/> Finding New Homes for Retired Horses</li> <li><input type="checkbox"/> Assist with Horse Spa Days</li> </ul> | <p><b>Special Events &amp; Public Relations</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Newsletters</li> <li><input type="checkbox"/> Photography/Video</li> <li><input type="checkbox"/> Public Speaking</li> <li><input type="checkbox"/> Mailings</li> <li><input type="checkbox"/> Fundraisers</li> <li><input type="checkbox"/> Information Booths/Expos</li> <li><input type="checkbox"/> Volunteer Recruiter</li> </ul> |
| <p><b>Marketing &amp; Advertising</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Graphic Designer</li> <li><input type="checkbox"/> Web Site Manager</li> <li><input type="checkbox"/> Newsletters</li> <li><input type="checkbox"/> Promotional Assistance</li> </ul> | <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Office Work/Administration</li> <li><input type="checkbox"/> Grant Writing</li> <li><input type="checkbox"/> Board Member</li> <li><input type="checkbox"/> Advisory Board Member</li> <li><input type="checkbox"/> Committee Member</li> </ul>  | <p><b>Facility</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> General Maintenance</li> <li><input type="checkbox"/> Carpentry</li> <li><input type="checkbox"/> Plumbing</li> <li><input type="checkbox"/> Barn Clean Up Days</li> </ul>  |

*\* In these specific areas, volunteers must be 14 years old to help with riding lessons. To be a Horse Exerciser you must be at least 16 years old and an intermediate rider. Please fill out the additional application if interested in being an exercise rider.*

Availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Riding sessions run between 5 and 8 weeks in length.

Are you able to commit to a regular scheduled lesson time during a riding session?  Yes  No

Are you available only on a sub or on-call basis?  Yes  No

Are you available for an occasional facility work day or weekend?  Yes  No



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**Volunteer Questionnaire (Please Print Clearly):**

We would like to get to know you better. Please answer these questions briefly and to the best of your ability.

1. How did you hear about TEC? If you were referred by someone from TEC, please tell us who.
2. Please explain why you want to become a Therapeutic Equestrian Center volunteer.
3. What do you hope to gain from this experience?
4. Have you been involved with therapeutic riding programs in the past?* <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have previous experience with people who have disabilities?* <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have previous experience with horses?* <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you owned and/or cared for your own horse(s)?* <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Please list type of horse/special needs training and years of experience, including your experience in relation to the questions above marked with an *. (If you need additional space, please use the backside.)
9. Are you willing to take classes to increase your knowledge? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you have a specific talent that might be useful to the Therapeutic Equestrian Center?

**I have read the Therapeutic Equestrian Center's Volunteer Handbook (which can be found at [www.tecfarm.org](http://www.tecfarm.org)) and all my questions regarding its contents have been answered to my satisfaction. I agree to adhere to all policies contained in the Volunteer Handbook.**

By signing below, I am stating all information provided above is accurate and truthful. I understand that any false statements may affect my ability to volunteer at the Therapeutic Equestrian Center. I understand that my forms must be reviewed, updated, or renewed on an annual basis.

_____	_____
<i>Written Name of Volunteer</i>	<i>Written Name of Parent/Legal Guardian (if applicable)</i>

_____	_____
<i>Signature of Volunteer</i>	<i>Signature of Parent/Legal Guardian (if applicable)</i>

**Date:** \_\_\_\_\_

**Please return all volunteer forms to: Therapeutic Equestrian Center • PO Box 1250 • Niles, MI 49120**



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**Volunteer Authorization for Emergency Medical Treatment (please print clearly)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you have health insurance?  Yes  No

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

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company Name (this includes MEDICAID coverage): \_\_\_\_\_

Health Insurance Company Phone Number (this includes MEDICAID coverage): \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Allergies to Medicine: \_\_\_\_\_

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

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

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

In case of emergency, who should we contact:

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

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

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

By signing below, I am stating all information provided above is accurate and truthful. I understand that any false statements may affect my ability to receive medical treatment in case of emergency while volunteering for the Therapeutic Equestrian Center.

\_\_\_\_\_  
*Written Name of Volunteer* | *Written Name of Parent/Legal Guardian (if applicable)*

\_\_\_\_\_  
*Signature of Volunteer* | *Signature of Parent/Legal Guardian (if applicable)*

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

**For TEC Use Only:**

	Annual Review by Rider/Participant or Parent(s)/Legal Guardian			
Year:	2016	2017	2018	2019
Initials:				





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## **Volunteer Release Form & Liability Waiver**

**Please initial each section to confirm you have read the stated release and liability waiver; as well as, sign at the end of the document.**

### ***PARTICIPANT CONSENT, RELEASE, AND INDEMNIFICATION AGREEMENT***

I, \_\_\_\_\_ the volunteer or I/We, the parent(s)/legal guardian(s) of minor child or dependent adult of \_\_\_\_\_ (volunteer's name), do hereby consent to and assume the unavoidable risks inherent in all horse-related activities of said volunteer's partaking in the therapeutic horsemanship program sponsored by Therapeutic Equestrian Center, Inc., at 615N. M 140, Watervliet, Michigan, and/or other locations of TEC-related activities. I acknowledge and I understand that despite reasonable safety precautions, horsemanship experiences can result in injury and possibly death. I also acknowledge my understanding that there are no assurances that said participant will receive physical or psychological benefits from participation in said program and I understand that the ordinary risks associated with horseback riding are increased by virtue of said participant's disability.

I understand that *UNDER THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF THE EQUINE ACTIVITY.* I also understand that, in the event of any accident that might occur NO LIABILITY can be accepted by any organization concerned, including the Therapeutic Equestrian Center, its agents or assigns. In consideration, therefore, for the privilege of riding and/or working around horses at the Therapeutic Equestrian Center, the Undersigned does hereby agree to hold harmless and indemnify Therapeutic Equestrian Center, and further release it from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or to any horse owned by the Undersigned, or to any family member or spectator accompanying the Undersigned on the premises.

For and in consideration of the agreement of Therapeutic Equestrian Center, Inc. to provide equine activities to the aforesaid participant, I do hereby forever release, acquit, discharge, and hold harmless the Therapeutic Equestrian Center, its officers, directors, agents, employees, instructors, representatives, and any therapists, volunteers, and other persons associated with said program and the successors and assigns of each of them from all manner of claims, demands, and damages of every kind and nature whatsoever which I or the aforesaid participant may now or in the future have against the Therapeutic Equestrian Center, its officers, directors, agents, employees, instructors, representatives and any therapists, volunteers and other persons associated with said program, and the successors and assigns of each of them on account of any personal injuries, physical or mental condition, known or unknown, to the person of the aforesaid participant, and the treatment thereof, as a result of, or in any way growing out of the acts or omissions of said parties in connection with said services or in any way incidental thereto.

\_\_\_\_\_ ***Initial(s) of volunteer or parent(s)/legal guardian(s) of minor child or dependent adult***



This form **MUST** be returned to TEC in order to participate in the TEC Volunteer Program.

**(continue) Volunteer Release Form & Liability Waiver**

**Please initial each section to confirm you have read the stated release and liability waiver; as well as, sign at the end of the document.**

**PHOTO/IMAGE RELEASE**

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to the Therapeutic Equestrian Center permission to take or have taken, still and moving photographs and films including television pictures of myself/son/daughter/ward and/or pictures of parents/guardians/siblings. I consent and authorize the Therapeutic Equestrian Center, its advertising agencies, news media, and any other persons interested in the Therapeutic Equestrian Center and its work, to use and reproduce the photographs, films, and pictures to circulate and publicize the same by all means including without limitation the generality of the foregoing: newspapers, television media, brochures, pamphlets, instructional materials, books, and clinical material. I understand that the Therapeutic Equestrian Center is the owner of such photographs or films.

With regards to the foregoing material, no inducements or promises have been made to me to secure my signature to this release other than the intention of the Therapeutic Equestrian Center to use or be used such photographs, films, and pictures for the primary purpose of promoting and aiding the Therapeutic Equestrian Center and its work.

<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Photo Release</b>	<u>                    </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Video Release</b>	<u>                    </u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Media/Marketing Release</b>	<u>                    </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Social Media Release</b>	<u>                    </u>

**Your signature below indicates that you have read, understand, and given consent to all segments of this document.**

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

**Parent(s)/Legal Guardian(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(If participant is a minor child or a dependent adult.)*

<b>For TEC Use Only:</b>				
	Annual Review by Rider/Participant or Parent(s)/Legal Guardian			
<b>Year:</b>	2016	2017	2018	2019
<b>Initials:</b>				



