



Midwest Therapeutic Riding Program

Stable Location

1117 N. Britton Road
Union Grove, WI 53104

Mailing Address

P.O. Box 085184
Racine, WI 53408

Phone & Fax

262-878-2000

Email

mtrpinc@aol.com

www.mtrpinc.org

Dear Volunteer,

I'd like to take this opportunity to thank you for your interest in volunteering for our program. If you love children and horses, this is the place to be! We are blessed with the opportunity to work with the most awesome kids around. Although they all may have different needs and circumstances, when they are on top of their therapy horse, they all become princes and princesses.

Our volunteers are the backbone of our program. Without the special help of our volunteers, we would not be able to exist. Volunteering for our program takes dedication, a big heart, and lots of smiles.

Please complete the *Hours Available* and *Volunteer Information* forms and return them to our office. We always look forward to welcoming new volunteers to our wonderful team.

With Gratitude,

Erin Decker
Program Assistant

Our mission ...

Improving the lives of children with special needs through equine facilitate activities; providing individualized care to maximize the child's potential

Our motto ...

Making Dreams Come True!

Directions from I-94: Exit Hwy. 20/Racine and travel west for approximately 7 miles to Britton Road. (Britton Road is west of Hwy. 45.) Turn left (south) on Britton Road. We are located on the Signature Arabians property, 1117 N. Britton Road. It is the second property on the left. We are closed Monday, Friday and Sunday.





Midwest Therapeutic Riding Program

Hours Available to Volunteer



Name: _____

We appreciate your time! We also understand that with our busy lifestyles, time is limited. Please do not think that any time is too little. We are very flexible with the times that are convenient for you.

Please complete the following to help us schedule you into our program.

Days Available:

- I would like to be able to volunteer on an “as needed” or “on call” type basis during the times referenced below.
- I would like to have a set schedule and regularly volunteer on one of the days and times I have referenced below.

Times Available:

- Mondays Closed on Mondays
- Tuesdays _____ to _____
- Wednesdays _____ to _____
- Thursdays _____ to _____
- Fridays Closed on Fridays
- Saturdays _____ to _____

Additional Notes:



Midwest Therapeutic Riding Program

Volunteer Information Form



Personal Information:

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home E-mail: _____

Name of Employer: _____

If employed, what do you do? _____

If student, name of school: _____

Parent/Guardian's name, address & phone (if you are a minor) _____

How did you learn about MTRP? _____

Do you have experience working with children? Yes No If so, in what capacity? _____

Tell us about your experience with horses: _____

Please explain why you are interested in volunteering here: _____

Please check the areas you are interested in:

Program Volunteer

- Leading a horse
- Side walking with a student
- Stable management
- Other: _____

Competition

- Horse Show
- Away Horse Shows
- Ride-A-Thon
- Special Olympics

Administration

- Public Relations
- Fund Raising Committee
- Budget and Finance
- Volunteer Recruitment
- Newsletter
- Photography/Video
- Future Planning
- Fund Raisers

Liability Release:

As a volunteer at MTRP, I acknowledge the risks and potential risks of a horseback riding program. However, I feel the possible benefits to myself and the clients I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims against MTRP, its boards of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in MTRP.

Signature: _____ Date: _____

Photo Release:

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

Signature: _____ Date: _____

Please see other side ➡



Midwest Therapeutic Riding Program

Health & Background Information & Emergency Medical Treatment



Health History:

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies: _____

Medications: _____

Last Tetanus shot: _____ Tuberculosis test and date: _____

In Case of Emergency:

Person to Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Allergies to Medications: _____

Physician's Name: _____ Phone: _____ Fax: _____

Preferred Medical Facility: _____ Address: _____

Health Insurance Company: _____ Policy #: _____

Consent Plan:

This authorization gives consent for emergency medical treatment including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. (To be signed by parent or guardian if volunteer is a minor.)

Consent Signature: _____ Date: _____

Non-Consent Plan:

I do not give my consent of emergency medical treatment/aid in the case of illness or injury during volunteering, the process of receiving services, or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Non-Consent Signature: _____ Date: _____

Background Information:

Have you ever been charged with or convicted of a crime? Yes No

If yes, please explain: _____

Current Driver's License? Yes No License Number: _____ Expires: _____ State: _____

Signature: _____ Date: _____

Please fill in one or the other in this area.