



Lenawee Therapeutic Riding



Please keep this page for your reference.

Hello Therapeutic Riding Volunteers,

Welcome to the 2024 season. It's time to mark your calendars as we start our **36th** year of Lenawee Therapeutic Riding. Lenawee Therapeutic sessions will be at 3 Bar B Rodeo. We are excited about using this very welcoming location. It is at 1220 Sword Hwy, Adrian. If you need directions, please contact me.

2024 Schedule

- ☆ Spring Volunteer OrientationApril 8, **MANDATORY FOR ALL NEW VOLUNTEERS**
- ☆ **Spring Session**.....Mondays, **April 15 thru May 20**
- ☆ Fair Horse Show.....July 24
- ☆ Fall Volunteer Orientation.....Sept. 9, **MANDATORY FOR ALL NEW VOLUNTEERS**
- ☆ **Fall Session**.....Mondays, **September 16 thru October 21**

This packet contains all the paperwork you will need to complete for LTR 2024. **ALL** volunteers (returning and new) must complete this paperwork each calendar year. To register, please print volunteer registration packet, and complete the forms. All lines must be completed, all forms witnessed and signed. Incomplete paperwork may mean you will not be able to participate in this session.

New Volunteers:

- ☒ New Volunteer Information Form – ***NEW volunteers need to complete, sign, and return.***
- ☒ Volunteer Central Application (online) – ***NEW volunteers must complete this volunteer screening process.***

ALL Volunteers: all forms must return signed and witnessed.

- ☒ Paperwork must be completed and returned by **MARCH 15th** for the Spring/Fall Sessions and by **AUGUST 15th** if you are registering only for the Fall Session. Paperwork received after the deadline will not be guaranteed participation.
- ☒ Volunteer Confirmation Form (You may want to print out an extra form to keep.)
- ☒ Volunteer Registration and Emergency Treatment Form
- ☒ Volunteer Informed Consent and Release of Liability Agreement

Thank you for your prompt completion and return of paperwork. Remember that the number of riders depends on the number of volunteers who have completed and returned their paperwork by the March 15th deadline.

Return all paperwork to: Carolyn Baer, LTR Volunteer Coordinator
6495 Rome Road, Adrian, MI 49221

If you have any questions, please contact Carolyn Baer at 517-442-3695 or adrianbaer@aol.com



Lenawee Therapeutic Riding



Volunteer Confirmation Form

Spring and Fall 2024

Name _____ Birth date _____ Height _____ (to better match you and the horse)

Address _____ City _____ Zip Code _____

Phone #'s home _____ work _____ cell _____

E-mail Address: _____

Areas of Interest: (Check all that apply, some positions require additional training and/or Instructor's approval)

- Sidewalker Horse Leader Tack Coordinator Tack Assistant
- Mounting Assistant I am interested in further training as: horse leader or mounting assistant
- I will furnish a dish for class on the following night (this is voluntary) _____

Orientation is MANDATORY for new volunteers. Returning volunteers are encouraged to attend for a refresher. Please check below which Orientation you will attend.

- Monday, April 8 at 6:30 pm** New Volunteer Orientation & New Horse Trial
- Monday, Sept. 9 at 6:30 pm** New Volunteer Orientation & New Horse Trial

Check-in for riding sessions is at 6:15 pm (NOTE TIME) unless you are not scheduled until a later class. Please check below ALL the dates you are available to attend.

I am volunteering for the following dates:

Spring Session – Mondays – 6:30 pm

- April 15
- April 22
- April 29
- May 6
- May 13
- May 20

Fall Sessions – Mondays – 6:30 pm

- September 16
- September 23
- September 30
- October 7
- October 14
- October 21

Other Information:

I cannot do the _____ class (unless otherwise indicated you will be considered available for both classes each night).

PLEASE RETURN THIS FORM along with the signed and witnessed RELEASE FORMS from the Volunteer Registration Packet. Please make a copy for your records.

Return all paperwork to: Carolyn Baer, LTR Volunteer Coordinator
6495 Rome Road, Adrian, MI 49221

If you have any questions, please contact Carolyn Baer at #517-442-3695 or adrianbaer@aol.com



LENAWEE THERAPEUTIC RIDING

Michigan 4-H Proud Equestrians Program (PEP)

Volunteer Registration and Emergency Treatment Form

Date: _____

Volunteer: New Return

This form is valid for a period of one year from the date signed. No individual can be accepted as a volunteer in a Michigan 4-H Proud Equestrians Program in any capacity until this form has been completed by parents/guardian or by the individual if they are a legally competent adult 18 years of age or over.

Volunteer Name _____ Date of Birth: _____
 Address _____ City _____ State _____ Zip _____
 Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____
 Previous experience with horse: _____

Parents/Guardian (if under 18): Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Physician: Name _____ Phone # _____
 Office Address _____ City _____ State _____ Zip _____
 Phone (_____) _____

Person to be notified in case of emergency in absence of parent/guardian:
 Name _____ Phone #'s _____ Relationship to Volunteer _____

AUTHORIZATION FOR PURPOSE OF PROVIDING MEDICAL TREATMENT: You are being asked to complete this form to give an appropriate medical facility permission to treat _____ (volunteer's name) for minor injury or medical problems. In the event of serious injury or illness, the parent/guardian or person listed above will be contacted; treatment will proceed before contacting them only if the situation is urgent and does not permit delay.

- Preferred Medical Facility _____
- Is there a medical condition, allergy, etc., requiring special precaution or treatment? ___ Yes ___ No
 - * If yes, please describe: _____
- Medication's currently being used? ___ Yes ___ No
 - * If yes, please list name, purpose and dosage: _____

In case of medical emergency: The undersigned authorizes the Michigan 4-H Proud Equestrians Program instructor and/or program coordinator to seek any medical and/or surgical treatment necessary for the care of _____ who is participating as a volunteer in the Michigan 4-H Proud Equestrians Program with parent/guardian permission (if under 18 years).

HEALTH INSURANCE: I do not have medical insurance coverage.

Name of Policyholder and Relationship to participant: _____

Policyholder's address _____ City _____ State _____ Zip _____

Attach a photocopy of both sides of your insurance card (preferred) OR complete the insurance information requested here.

Name and Address of Insurance Company _____

Insurance Company Phone Number (_____) _____ Policy Number _____

Name of Policyholder's Employer _____

REQUIRED SIGNATURES: The above designated person(s) is (are) hereby authorized to incur medical costs necessary to provide medical treatment for said participant for which we shall be fully responsible. We also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature **Parent** **Guardian** **Adult Volunteer** _____

Date **Witness**



LENAWEE THERAPEUTIC RIDING

Michigan 4-H Proud Equestrians Program

Parent/Guardian-Adult Volunteer Informed

Consent and Release of Liability Agreement

No individual can be accepted as a volunteer in the Michigan 4-H Proud Equestrians Program in any capacity until this form has been completed by his/her parent(s)/guardian or by the individual if he/she is a legally competent adult age 18 or older.

I/we assume the risks and accept the consequences involved in the participation of:

Volunteer's name: _____ in the Michigan 4-H Proud Equestrians Program.

Program name: Lenawee Therapeutic Riding County: Lenawee

I/we acknowledge that horses may be dangerous because they may, without warning, buck, stumble, kick, or move in otherwise unpredictable ways.

I/we are hereby informed of the possible dangers to me/my child/my ward that may result from participation in the program, including soft tissue (including skin and muscle) injury, ligament and tendon injury, bone/joint injury, and exacerbation of chronic conditions.

I/we accept the responsibility for complying fully with all safety rules and practices and I/we will consult with the instructor and/or local director of the Michigan 4-H Proud Equestrians Program including their instructors, staff and volunteers, from any liability for injury that may result from participation in the program. This release does not encompass "gross negligence".

I/WE HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT.

Signature: _____ **Date:** _____
Parent(s)/Guardian/Adult volunteer (Circle appropriate title)

Witness: _____ **Time:** _____

MICHIGAN 4-H PROUD EQUESTRIANS PROGRAM

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