



# Welcome

## to 7 Star Therapeutic Riding Center

On behalf of the staff and the clients we would like to thank you for your interest and the time you are donating to 7 Star.

Our mission: To enhance the lives of individuals with mental and physical challenges through equine-assisted therapy

In the application package you will find a sheet with the schedule on it. Please fill in the times that you are available..

What job can a volunteer do?

- Lead or sidewalk for the clients in the arena
- Prepare the horses for lessons and clean up afterwards
- Be an assistant who helps with the toys -- basketball, paddles, etc.
- Help with fundraising
- Barn chores
- Special Events
- Website Upkeep
- Public Relations
- Cleaning equipment
- Need volunteer leaders to assist with school, 4-H students coming to the facility to volunteer

Attire:

- Comfortable clothing
- Good walking shoes or paddock boots
- Minimum jewelry
- Loose hair tied back

Note: Please have cell phones on vibrate or turned off. The sound of the phones can bother the horses or clients, some of our clients have very sensitive hearing. Thank you!

## Things to Remember

**NO PHOTOS** – our clients sign a Photo Release to be used by 7 Star under specific circumstances and conditions – no others are allowed in order to respect the individual's confidentiality.

**CONFIDENTIALITY** – In order to respect the autonomy of our clients, it is important to not reveal their names to persons outside the 7 Star community (staff, board & volunteers). We know you're excited about what you see and hear here, but when you talk, don't use names.

**EQUINE-ASSISTED PSYCHOTHERAPY (EAP)** – is another program of 7 Star which is psychotherapy (counseling) in an open area using a horse. Only the horse specialist, therapist and client are involved – no volunteers. This is ground work and involves the client's need to problem-solve differently and on their own many times. So, if you see a person (could be an adult or child) in the pasture attempting to harness a horse, please walk away and allow them to do the work. Also, if you observe an intense conversation between the horse specialist, therapist and client, please respect their privacy and move out of earshot.

**DUTY TO REPORT** – since we are working with the disabled and children, we must remember that we have a responsibility to report any actual or suspected incidences of abuse or neglect. We know that as you get to know the individuals you work with, you will begin to develop friendships and will be talking about a lot of different things. If a child mentions something that raises your suspicion, immediately talk with an instructor or therapist for further instruction.

## General

The mission of 7 Star Therapeutic Riding center is to enhance the lives of individuals with mental and physical challenges through equine-assisted therapy.

Our vision is to facilitate healing of the mind, body and spirit through the grace and strength of the horse.

Our core values are to: operate with integrity; collaborate with like-minded entities and community stakeholders; use a fun, family-focused approach; show respect, support and compassion for all; a long-term commitment to serving those in need; promote and educate equine-assisted therapy; and, strictly adhere to PATH\* standards and ethics.

### Benefits of Therapeutic Riding

The benefits of horseback riding are as numerous as the types of disabilities and conditions served. Research shows that students who participate in therapeutic riding can experience physical, emotional and mental rewards. Because horseback riding gently and rhythmically moves the rider's body in a manner similar to a human gait, riders with physical disabilities often show improvement in flexibility, balance and muscle strength.

For individuals with mental or emotional disabilities, the unique relationship formed with the horse can lead to increased confidence, patience and self-esteem. The sense of independence found on horseback benefits all who ride. The therapeutic qualities of horseback riding are recognized by many medical professionals, including the American Physical Therapy Association and the American Occupational Therapy Association.

## What Others Say about Therapeutic Horseback Riding

### *The Medical Benefits*

**Dr. Louis Wagner, Retired, Chest and Vascular Surgeon, Franklin, PA:** “A horse's walking action mimics your body action. So, when you put somebody on a horse, in order to keep their balance, they have to move their trunk, arms, shoulders, head and the rest of their body. Only a live creature can make happen what is so beneficial. Nautilus and other exercise machines work only one group of muscles at a time. They don't require you to respond to them with natural body movements. A horse makes your whole body respond in a smoothly rhythmic, progressive way.”

**Dr. Walter Babechko, Director of Humana Advanced Surgical Institute, Orthopedic Center of Dallas, TX:** “Therapeutic riding is extremely effective with: adult stroke patients; adults or children with brain injuries; children with cerebral palsy. In addition to the physical benefits, therapeutic riding offers psychological benefits because riders feel a sense of achievement and control. Therapeutic riding requires balance and muscular control that often enhances or expedites recovery. The slow, continuous, rhythmic motion of the gait of the horse is therapeutic and helps develop the muscles around the spine.

## 7 STAR THERAPEUTIC RIDING CENTER

### **General Rules and Guidelines**

7 Star is a member center of Professional Association of Therapeutic Horsemanship International (PATH International), and we follow their rules and guidelines, and use their forms and procedures in all aspects of our activities. PATH (formerly known as North American Riding for the Handicapped Association [NARHA] was founded in 1969, and their focus is on safety and appropriate conduct, and outstanding service to equestrians with disabilities.

We believe that PATH has developed an outstanding system of keeping equine assisted therapy sessions safe, challenging and satisfying for everyone involved. If you have a question about any of our rules and guidelines, please do not hesitate to ask a staff member for an explanation.

Because our horses could be handled by several people every day, it is essential that everyone follow the same procedure for activities, including haltering a horse or grooming, saddling and leading. Whatever methods you employ at home may or may not be the same as the ones we request that you get in the habit of using at 7 Star – but for the well-being of our horses, we insist on consistency so that they do not become frustrated or sour.

Other rules, like our dress code, are for your safety and comfort during a session. We do not wish to restrict personal style or individuality – we just want to keep you free of injury, harm or frustrations. As with everything in this handbook, if you have a question about why we ask you to do something a specific way, please ask. Remember that you are leading by example for clients and other volunteers, and follow the rules to keep yourself and everyone around you as safe as possible.

### **Dress Code**

Wear comfortable, shoes that protect your feet and ankles. Waterproof is preferred for walking outside, especially in the spring and winter. NO sandals, open-toed shoes or open backed clogs or slides.

Long pants to protect your legs. Shorts will not provide you with protection.

Gloves if you are doing stable work (muck boots too if you have them) or leading a horse in the winter. No mittens as you will need to use your fingers.

Hats and sunscreen are advised during the summer.

No jewelry other than small earring studs and a watch. Dangling jewelry can get caught in manes, tails, or be snatched by a client, or distract them during a session.

No clothing with offensive or suggestive messages or slogans, or that promote alcohol or drug use.

Dress for ever-changing weather – layers in winter.

Everyone on a horse MUST wear a helmet. **NO EXCEPTIONS!**

## **Barn Etiquette**

Leave pocketbooks and personal items in your vehicle – we do not have storage space for them while you are busy with your duties.

No running, screaming or boisterous behavior.

Please leave pets at home, therapy animals are allowed with prior permission.

Please practice courteous behavior with staff, clients, horses and each other.

If a gate is closed when you need to go through it, make sure it is closed when you have passed through. If it is open, leave it open. When in doubt, ask, if no one is around to ask, shut the gate.

Gates to the outside turnout areas are to be kept shut and latched at all times. **NO EXCEPTIONS!** Don't plan to go back and shut them later – shut them right away!!!

Each instructor will carry a cell phone on their person at all times. In case of an emergency, they will call for assistance.

A handicap-accessible port-a-potty is located beside the covered arena. Hand sanitizer will be available in the unit.

The human first aid kit is located in the grey cabinet in the arena. Please alert the instructor if it is needed for any reason. If someone is injured in a way that is beyond what can be cared for by the first aid kit, the instructor will call for emergency medical treatment. All therapy instructors maintain current CPR and First Aid certifications.



## 7 Star Therapeutic Riding Center

An Equine-Assisted Therapy Program

### VOLUNTEER APPLICATION

Thank you for your interest in our organization. So that we can best utilize your experience and interests, please complete this application form as fully as possible.

#### **PERSONAL INFORMATION** *(Please print legibly)*

Have you ever been affiliated with 7 Star as a volunteer or rider? ☐ No ☐ Yes

If yes, when and how? \_\_\_\_\_

☐ Mr. ☐ Mrs. ☐ Ms ☐ Miss

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

\_\_\_\_\_  
*First M.I. Last*

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

*Providing your email allows 7 Star to send you program news, updates, information, etc. It will NOT be sold or given to ANY third parties.*

Age: \_\_\_\_\_ Birthdate \_\_\_\_\_ Ethnicity: ☐ Hispanic ☐ White ☐ Black ☐ Asian

☐ American Indian/Alaskan Native ☐ Native Hawaiian/Pacific Islander

How did you learn about 7 Star? ☐ Radio/TV ☐ Newspaper ☐ Internet

☐ Other – Please explain \_\_\_\_\_

Emergency contact: (Name) \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

**Which areas of 7 Star interest you? Please check all that apply.**

**Volunteer Program**

- ☐ Side Walking
- ☐ Hospitality
- ☐ Horse care
- ☐ Facility Repairs/Maintenance
- ☐ Leading a horse
- ☐ Volunteer Recruiter
- ☐ Transportation

**Administrative**

- ☐ Public Relations
- ☐ Photography/video
- ☐ Office
- ☐ Website
- ☐ Finance
- ☐ Newsletter
- ☐ Fund-raising
- ☐ Board

**TIME COMMITMENT:**

What is your availability, or the amount of time, you are interested in contributing:

Availability:

Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Special Events \_\_\_\_\_

Please circle all that apply to your availability. The times listed below are the approximate times of our therapeutic riding sessions.

Monday	Tuesday	Wednesday	Thursday	Friday
	3:00			
	3:30			
	4:00		4:00	
	4:30		4:30	
	5:00		5:00	
	5:30		5:30	
	6:00		6:00	
	6:30		6:30	
	7:00		7:00	
	7:30		7:30	

**Since our ability to serve our clients strongly depends on the availability of our volunteers, it is imperative that you contact the Volunteer Coordinator if you cannot attend at your assigned time – 806-316-2473!**

**UNIVERSITY/COMMUNITY SERVICE INFORMATION** (*Only complete if it applies to you*).

If you're volunteering to complete **university curriculum service hours**, how many hours do you need to fulfill your requirement? \_\_\_\_\_

What is your major? \_\_\_\_\_

If you're volunteering to complete your **Court-mandated community service**, how many hours do you need to fulfill your requirement? \_\_\_\_\_

Who is the referring Court? \_\_\_\_\_ Judge? \_\_\_\_\_

**INTERESTS**

Why do you want to volunteer with 7 Star?

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Please list any special skills that you could offer (i.e., *sign language, computer, carpentry, foreign language*)

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Please describe your general background (i.e., *education, work experience*)

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**RELATED EXPERIENCE AND SKILLS**

Have you had previous experience working with youth with disabilities?

☐ Yes      ☐ No    If "Yes", please describe including specific skills/degrees

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Have you had previous experience working with horses? ☐ Yes   ☐ No

If "Yes", please describe:

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Are you certified in –   ☐ First Aid                      ☐ CPR

When does your certificate expire? \_\_\_\_\_



## Health History

Please list any health or physical problems that you might have that you feel we might need to know, or that would limit your ability to assist in our programs.

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## Volunteer Release of Liability:

I, \_\_\_\_\_ would like to participate in the 7 Star Therapeutic Riding Center program. I acknowledge the risks and potential risks of horseback riding and of being around horses. I however, feel the possible benefits are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, my assigns, executors or administrators, waive and release forever all claims for damages against 7 Star Therapeutic Riding Center, its Board of Directors, Guarantors, Instructors, Therapists, Aides, Volunteers and/or employees for any all injuries and/or losses I may sustain while participating in the 7 Star programs.

**WARNING:** Under Texas Law (Chapter 87, Civil Practice and Remedies Code) an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 17 years of age, parent/guardian signature required below:

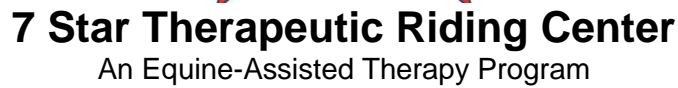
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo and Video Consent** – (We frequently take pictures of our sessions to be used in our public relations efforts to tell the story of 7 Star and many times the volunteers are included.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 17 years of age, parent/guardian signature required below:

Signature \_\_\_\_\_ Date \_\_\_\_\_



## NAME: \_\_\_\_\_

Previous names: \_\_\_\_\_

Driver's License \_\_\_\_\_ State \_\_\_\_\_ DOB: \_\_\_\_\_

I understand that this information shall be limited to type, date, and disposition of the offense, if any. I further agree to indemnify and hold harmless that Agency for and from any liability arising from the release of this information.

**STAFF USE ONLY:**

**Criminal History Found – see attached:** \_\_\_\_\_

## NO Criminal History Found

**Date** **Initials**

Date \_\_\_\_\_ Initials \_\_\_\_\_