



Volunteer Package Check List

Volunteer Name: _____

Date: _____

Phone: _____

Email: _____

(Please print clearly)

All of the forms listed below are required to be completed, checked, signed and dated as indicated prior to the start of rider participation.

To be completed by volunteer, parent or caregiver

- Staff/ Volunteer Application and Information Form
- Authorization for Emergency Treatment Form
- Volunteer Staff Release
 - a) Photo and Video Release
 - b) Confidentiality Agreement
- Background Information
- Mach 1Liability Release

For office use only

5	6	7	8	9

Staff use only

Orientation.....	Date Completed.....
Training.....	Date Completed.....
Other.....	Date Completed.....



Dear Prospective Volunteer,

Thank you for your interest in Move A Child Higher, Inc. (MACH 1). We have been in operation since 1996 and are a PATH Int. Premier Accredited Center, 501-c-3 non-profit volunteer program that provides Equine Assisted Services (EAS) for people with disabilities. The center is located at 4810 Oak Grove Drive, in the Hahamongna Watershed Park at the Pasadena Equestrian Center, Pasadena, CA. Our highly individualized program is designed specifically for each participant. MACH 1 is proud of its accomplishments and invites you to become a part of our team.

The benefits and joys the participants and their families receive make a commitment to MACH1 extremely rewarding. We rely on the weekly participation of our volunteers to provide safe and effective lessons for our mounted and unmounted students. Without the dedication and commitment of volunteers, the center and its programs would not be possible.

Most of our participants have a need for consistency and most of them have difficulty with change. Therefore, we encourage volunteers to have a consistent schedule in the day(s) and the hour(s) they volunteer. The staff understands that your time is valuable, and we are willing to be flexible with scheduling in order to facilitate our program needs.

Please complete the application and return it to one of the staff at the center. Please feel free to call the barn cell at 626-695-2894 if you have any questions.

We look forward to hearing from you soon. Thanks again for your interest.

Sincerely,

The MACH 1 Staff



GENERAL INFORMATION

MACH 1 stands for Move A Child Higher and is a PATH Int. Premier Accredited Center
www.moveachildhigher.org
Barn cell number, 626-695-2894

The center operates on site four days a week. The schedule is subject to change.
CLOSED SUNDAYS AND MONDAYS

	AM	PM
Wednesday	9:00-12:00	-
Thursday		3:30-5:30
Friday		4:00-5:30
Saturday	8:00-12:00	-
Hours may be flexible		

What to wear:

The safe, professional, friendly atmosphere at MACH1 shall be maintained in part by the image projected by its staff and volunteers. Dress comfortably for working outdoors. Your shoes will need to offer support for walking in sand and be sturdy enough with closed toe to provide protection for working with horses. Long hair should be tied back. Clothing should be neat not baggy to prevent becoming tangled in equipment. In summer shorts are ok, but not too short. No revealing attire as this might distract the attention of some of the participants. Please no dangling earrings or jewelry as jewelry can be grabbed by a student. You may want to wear sunglasses, a visor or a hat. Sunscreen is also a good idea. If it's a hot day you may also want to bring additional water, however bottled water is provided.

Cell phones must be turned off during lessons.

Cancellations:

You are a very important part of our program. No volunteers equal no lessons. Please do your best to honor your commitment. If circumstances prevent you from coming at your regularly scheduled time, please notify us as soon as possible at MACH 1's cell phone, 626-695-2894. Texts are acceptable. The earlier you can advise us the more chance there is to find a substitute. In case of closure or inclement weather, please call ahead to see if lessons are being held. We will try to send an email to let you know but that isn't always possible. It can be pouring rain in the foothills and be clear below. The same for high winds or high temperatures.

If for any reason you will no longer be volunteering, it is appreciated if you notify the center so that the records can be kept current.



EMERGENCY INFORMATION

General Information:

The certified CTRI instructor is in charge of any riding session emergencies.

No one, including parents is permitted in the arena or working area if an accident happens.

Anyone summoned into the arena will enter quietly.

Students are to remain in location at the halt unless otherwise instructed by the instructor.

No excessive noise or talking.

First aid kit and emergency phone numbers are located in the following areas:

1. First aid kit is located in the Tack Shed.
2. Emergency 911 information and cell phone is located in the Tack Shed, staff person, and modular office.

In the case of emergency the instructor is in charge and the volunteer is required to follow their instructions. The instructor's primary responsibility is the rider: the greatest assistance a volunteer can provide is to stay calm until the situation is under control. Emergency dismounts will be explained/practiced to familiarize volunteers with the procedure.

CALL 911 AND GIVE THE DISPATCHER THE FOLLOWING INFORMATION:

Injured student or volunteer at the Pasadena Equestrian Center, MACH 1 Center, 4810 Oak Grove Drive, Hahamongna Watershed Park, Pasadena.

Entrance is located on Oak Grove Drive at the end of Foothill Blvd.

Ambulance should enter park, bear right then take first left. The road will T, take another left and go to the Tom Sawyer Camp sign/MACH 1 sign and make a right. Caller will be at the gate.

Answer any questions the dispatcher may ask.

DO NOT HANG UP UNTIL DISPATCHER GIVES PERMISSION.



Staff/Volunteer Application and Information Form

Name: _____ D.O.B.: _____ Age: _____

Height: _____' _____" Male / Female (*circle one*)

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Cell Phone: _____ Email: _____

School or place of Employment: _____

First Aid certified **Y N** Date: _____ CPR certified **Y N** Date: _____

Have you ever been convicted of a criminal offense? **Y N** Date: _____

Where? _____ Please explain: _____

Do you have any health conditions that may prevent you from working or volunteering?

Do you have any riding experience? _____

Volunteers are a vital part of the program. Two and, sometimes, three volunteers are needed to either lead the horses or act as sidewalkers with the riders during the lesson, especially in the beginning stages. For this reason, the program needs to rely upon volunteers for each lesson. Please check below the times you would be available as a regular volunteer.

Available Days and Times: **Wednesday am**____ **Thursday pm**____ **Friday pm**____ **Saturday am**____

Does your employer have a donation-matching program? ___YES ___NO

Do you belong to a group that would like to hear more about MACH 1?

___YES ___NO

The above information may be verified, and I give permission for inquiry to be made as to my suitability to act as a volunteer at MACH 1.



Volunteer Signature: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Authorization for Emergency Medical Treatment Form
Participant Staff Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to Medications: _____

Current Medications: _____

In the Event of an Emergency Contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent for Emergency Medical Treatment

In the event of an Emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency,

I authorize _____ to:

(Center's Name)

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-rays surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Volunteer, Parent or Legal Guardian

Non-Consent for Emergency Medical Treatment

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

Parent or legal guardian will remain on site at all times during equine assisted activity

In the event emergency treatment/aid is required, I wish the following procedure to take place:



Date: _____ Non-Consent Signature: _____
Volunteer, Parent or Legal Guardian

Volunteer/Staff Release

Photo Release

_____ I consent to and authorize

_____ I do not consent to nor do I authorize

the use and reproduction by MACH 1 of and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities exhibition, or for the benefit of the program.

Signature: _____ Date: _____

Volunteer, Parent or Legal Guardian

Confidentiality Agreement:

I understand that all the information (written and verbal) about participants at this Path International center is confidential and not to be shared with anyone without expressed written consent of the participant and their parent/guardian in the case of a minor.

Date: _____ Signature: _____
Volunteer, Parent or Legal Guardian



BACKGROUND INFORMATION

Have you ever been charged with or convicted of a crime? Yes ___ No ___; please explain

I, _____ (volunteer/staff), authorize MACH 1 to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize the MACH 1, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation

SIGNATURE: _____ DATE: _____

Volunteer, Parent or Legal Guardian

SIGNER'S ADDRESS : _____

CURRENT DRIVER'S LICENSE YES _____ NO _____

LICENSE NUMBER: _____ STATE: _____



RELEASE AND HOLD HARMLESS

MOVE A CHILD HIGHER, INC. (MACH 1) provides Equine Assisted Services (EAS) for people with disabilities. Mounted and unmounted activities are risk exercises, so volunteers and horses are selected and trained. Safety equipment is required for all riders.

No participant will be accepted for mounted and unmounted instruction and no volunteer, participants accepted for service until this form has been **READ, UNDERSTOOD, COMPLETED AND SIGNED** by the parent(s) or guardian(s) of a minor or by the participant or volunteer if of legal age and sound mind.

Although participation in the **MOVE A CHILD HIGHER, INC.** (MACH 1) program is under strict supervision and every effort is made to avoid injury or accident, the undersigned acknowledges the inherent risks involved in riding and working around horses, including bodily injury from riding or being in close proximity to horses including, among other risks, maintenance or pleasure working inside the site or on the **City of Pasadena/Move A Child Higher** property, and further that both horse and rider can be injured in normal use, or in competition and schooling. In order to provide this valuable service, **NO LIABILITY** can be accepted by the **MOVE A CHILD HIGHER, INC.** (MACH 1) program or any of the organizations or persons connected with the above-named facility.

IN CONSIDERATION for the privilege of riding and/or working around horses at the **MOVE A CHILD HIGHER, INC.** (MACH 1) program, the undersigned, as self or as parent or guardian of a minor participating in the program, jointly and severally do hereby agree to release, hold harmless and indemnify the **MOVE A CHILD HIGHER, INC.** (MACH 1) program, its officers, directors, trustees, agents, employees, representatives, successors and assigns, from all manner of liability, loss, costs, claims, demands and damages of every kind and nature whatsoever, including, but not limited to reasonable attorneys' fees, which the undersigned or said minor may now or in the future have against the **MOVE A CHILD HIGHER, INC.** (MACH 1) program, its officers, directors, trustees, agents, employees, representatives, successors and assigns, on account any accident, damage, injury or illness, physical or mental condition, known or unknown, to the undersigned or said minor, or the treatment thereof, arising as a result of, or in any way connected to acts or incidents occurring at or relating to the **MOVE A CHILD HIGHER, INC.** (MACH 1) program, its officers, directors, trustees, agents, employees, representatives, successors and assigns, including but not limited to their negligence or gross negligence in rendering services described above or in any way incidental thereto.



The undersigned, as self or as parent or guardian of a minor participating in the program, jointly and severally do hereby agree to release, hold harmless and indemnify the **CITY OF PASADENA, council members individually & collectively, officers, commissioners, employees & agents.**

VOLUNTEER NAME (PLEASE PRINT): _____

PARENT/ GUARDIAN NAME (PLEASE PRINT): _____ RELATIONSHIP TO PARTICIPANT: _____

SIGNER'S ADDRESS: _____

SIGNATURE: Volunteer, Parent or Legal Guardian _____ DATE: _____