

Horse Heros!

Welcome to Hunters Brook Farm and our volunteer program! Volunteers are an important part of our farm. We have many different volunteer opportunities at the farm. Some require horse experience, but many do not. We appreciate any time that you may be willing to give either at your home or at the farm!

Please take a few minutes to look over the volunteer opportunities listed below and feel welcome to volunteer for any programs that fit your needs and interests. Volunteers must work for at least 10 hours with farm staff before being allowed to work at the farm on their own. Volunteers wishing to work hands-on with the horses will be evaluated by our Equine Specialists and placed accordingly.

Below are Hunters Brook Farm's volunteer opportunities:

- **Lesson Program** – Must be at least 13 years of age and have been evaluated by our Equine Specialists and deemed to have enough experience to help in this program. Lesson program volunteers assist by preparing horses for lessons (bringing in from pasture, grooming, tack, etc.), cleaning stalls prior to and during lessons, and/or preparing and cleaning tack prior to lessons. In addition, volunteers may help assist our “Little Riders” during the ride time of their lesson, and/or supervise students during the groundwork time of their lesson. *These volunteers should be willing to commit to a minimum of two hours per week and a specified, consistent period of time each week.*
- **Opening Gates Program**-Must be at least 18 years of age to help in this program. The therapy component of this program is confidential and only HBF/OG staff is allowed to participate in counseling sessions. Volunteers in the learning component of this program assist by preparing horses, props, and the arena before sessions start. Also, volunteers may assist during learning sessions by supervising and/or helping clients. Anyone over the age of 18 must provide his/her own current police and Child Protective Service check if you wish to work with the learning program as you will be interacting with children. *These volunteers should be willing to commit to a minimum of two hours per week and a specified, consistent period of time each week.*
- **Children's Camps & Programs**-Must be at least 13 years of age to volunteer for this program. Children's Camps and Program volunteers assist in numerous ways from preparing horses, and facility to supervising and participating in, camp and party activities. Anyone over the age of 18 must provide his/her own current police and Child Protective Service check as you will be interacting with children.
- **Equine Program**-Equine program volunteers work directly with farm staff to help feed and care for the horses and our facilities. Anyone over the age of 18 must provide his/her own current police and Child Protective Service check as you could potentially be interacting with children. *These volunteers should be willing to commit to a minimum of two hours per week and a specified, consistent period of time each week.*
- **Facility/Farm Volunteers**-Facility/Farm volunteers assist with general maintenance, repairs and improvements of the facility, including fence repair, weed eating and barn maintenance. Anyone over the age of 18 must provide his/her own current police and Child Protective Service check as you could potentially be interacting with children.
- **Public Relations & Administrative**-Public Relations & Administrative volunteers typically assist with mailings, special events (fair booths, open house, etc.) and fundraising activities.
- **Special Interests**-Anyone having a special interest can put it to good work at the farm. Please let us know if you have a special interest!

The minimum age for volunteering is 13 years of age. All volunteers under the age of 18 must have paperwork signed by a parent or guardian prior to participating in the volunteer program at the farm.

Some programs require that volunteers be available a minimum of two hours per week and on a set schedule the same day and time each week, in order to volunteer. New volunteers receive their assignment and schedule following their attendance at the volunteer training. Volunteer schedules are based on interest, experience, and availability.

Volunteering *at the farm* involves moderate physical activity. Please be sure you are comfortable with the physical aspects of the role you select. Due to the nature of the services we provide, Hunters Brook Farm reserves the right to make the final determination as to the appropriateness of any and all volunteers for our organization.

The volunteer application form is two sided, so please fill out both sides. Also, please make sure a parent/guardian signature accompanies any applicant's paperwork that is under the age of 18. **Remember to return your completed police and Child Protective Service checks along with your application.**

If you have any questions regarding the volunteer program, please give me a call, 502-523-3360. My e-mail address is huntersbrookfarm@yahoo.com.

Thanks for volunteering!

Shara Wiesenauer
President/Owner

Hunters Brook Farm, LLC/Opening Gates, LLC

5006 Charlestown Pike, Jeffersonville, IN 47130

(502) 523-3360

Medical Release

Participant: _____ DOB: _____

Address: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy #: _____

Any Illness Diagnosed:

Medications: _____

Allergies to medications and other allergies:

Special
Precautions/Needs: _____

In the event of an emergency, contact:

Name: _____ Relation: _____
Phone: _____

Name: _____ Relation: _____
Phone: _____

Name: _____ Relation: _____
Phone: _____

Consent Plan

In the event emergency medical aid/treatment (x-ray, surgery, hospitalization, medication and any treatment procedure deemed “life-saving” by the physician) is required due to illness or injury during the process of volunteering on the farm property, I authorize Hunters Brook Farm, LLC/Opening Gates, Inc. employees to secure and retain medical treatment and transportation if needed. This authorization will only be invoked if the person(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Parent or Legal Guardian

(Signed in the presence of program personnel)

Non-Consent Plan

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

Date: _____ Consent Signature: _____

Parent/Legal Guardian

(Signed in the presence of program personnel)

Volunteer Program

Located at Hunters Brook Farm, LLC

Waiver and Release Form

Volunteer's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (C) _____

Parent(s) or Guardian: _____

Email Address: _____

How did you hear about us?

____ Internet ____ Friend ____ Mailer/Flyer ____ Yard Signs

____ Other: (please state) _____

Photo Release

I consent to and authorize the use and reproduction by Hunters Brook Farm LLC/Opening Gates Inc. of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities, and exhibitions or for any other use for the benefit of the program.

Date: _____

Volunteer: _____ Age: _____

Parent/Guardian Signature:

(if volunteer is a minor child)

Notice of Waiver and Liability Release

WARNING: Under Indiana law, an equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risk of equine activities.

I acknowledge there are risks and potential risks involved with the activities for volunteering at this farm. I understand the above WARNING. I, for myself and on behalf of my child or legal ward, my heirs and assigns, executors or administrators, do agree to release and hold harmless Hunters Brook Farm LLC, Opening Gates, Inc., Carole Wilson, Shara Wiesenauer, their employees and volunteers of and from all claims, demands and causes of action which may arise out of any activities of which I/they participate on or around the premises of 5006 Charlestown Pike, Jeffersonville, IN 47130. I acknowledge that I have read the contents of this NOTICE OF WAIVER AND RELEASE FROM LIABILITY and voluntarily subscribe to it on behalf of myself, and/or on behalf of my minor child(ren), and guests.

Date: _____

Volunteer: _____

Age: _____

Parent or guardian signature:

(if volunteer is a minor child)