



Freedom Hills Therapeutic Riding Program, Inc.
P.O. Box 222,
Port Deposit, Maryland 21904-0222
(410) 378-3817
www.freedomhills.org

Dear Volunteers,

Thank you for your interest in the Freedom Hills Therapeutic Riding Program. Freedom Hills has been in operation since 1982. We are a member of the North American Riding for the Handicapped Association. (NARHA) Our goal is to make riding therapy/lessons enjoyable and meaningful to all our riders while providing a safe and comfortable environment.

We have many opportunities for volunteers such as assisting our riders and clients, office assistance, barn assistance and fundraising, to name a few. Volunteers are crucial to our programs existence. All our volunteers must make themselves familiar with policy and procedures as set forth in Freedom Hills Volunteer Manual. All of the information is important for the safety of our riders and yourselves. One example would be the importance of you wearing closed toed shoes such as tennis shoes or paddock boots when at the farm. We also ask you to commit to be present at our Volunteer Orientation and our Volunteer meetings.

Freedom Hills participates in riding shows that offer our challenged riders a chance to compete. An annual show is held at Rolling Hills Ranch the end of October. Riders and volunteers are encouraged to participate. Riders are also encouraged to participate spring and fall in the shows held at Thorncroft in Malvern, Pennsylvania and in the summertime Maryland State Special Olympic and Les Autre Games which are held at the Prince George Equestrian Center. Volunteers are needed for all these events.

A variety of fundraisers are held throughout the year to help keep our riding fees low and to assist our subsidized riders. Our biggest fundraiser is an annual auction in February which riders, parents, family and friends are asked to help with. This event is planned almost one year in advance and requires many volunteers and sponsors to help make it a success.

Please contact us if you have any questions, to arrange a meeting or to schedule a tour of our facility. No open toed shoes please! We look forward to you volunteering with Freedom Hills Therapeutic Riding Program.

Sincerely,

Renée

Renée Sherrard-Luther
Program Director

"Where Freedom Is Just A Ride Over The Hill"
P.O. Box 222 - Port Deposit, MD 21904 - (410) 378-3817
www.freedomhills.org

Freedom Hills is an equal opportunity system. The system's policies, programs and activities are in conformance with pertinent Federal and State laws and regulations on nondiscrimination regarding race, color, religion, age, national origin, sex, and handicap.



Freedom Hills Therapeutic Riding Program, Inc.
P.O. Box 222,
Port Deposit, Maryland 21904-0222
(410) 378-3817
www.freedomhills.org

Volunteer Information Form

Name: _____ Date of Birth: _____

Home Phone: _____ Email: _____

Address: _____ City: _____ State: ____ Zip: _____

Business: _____ Phone: _____

Address : _____ City: _____ State: ____ Zip: _____

Parent/Guardian's Name/Address/Phone (if applicable): _____

If student, name of school: _____

How did you learn about Freedom Hills: _____

Check which areas you are interested in:

Program Volunteer

- Leading a horse
- Sidewalking with a student
- Stable management

Competition

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

Administration

- Public Relations
- Fundraising
- Newsletter
- Volunteer Recruitment
- Photography/Video
- Budget/Finance
- Future Planning
- Office Work

Photo Release

I consent to and authorize the use and reproduction by Freedom Hills of any and all photographs and any other audio-visual materials taken of me for promotional materials, educational activities, exhibitions or for any other use for the benefit of the program.

Date: _____ Signature: _____

Volunteer Liability Release

As a volunteer at Freedom Hills I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients I work with are greater than the assistance. Thereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, released forever all claims for damages against Freedom Hills, its Board of Directors, instructors, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating at Freedom Hills.

Date: _____ Signature: _____

All Volunteers must sign in and out. Please check out our bulletin boards in the hallway while you are here.

"Where Freedom Is Just A Ride Over The Hill"
P.O. Box 222 - Port Deposit, MD 21904 - (410) 378-3817
www.freedomhills.org

Freedom Hills is an equal opportunity system. The system's policies, programs and activities are in conformance with pertinent Federal and State laws and regulations on nondiscrimination regarding race, color, religion, age, national origin, sex, and handicap.



Freedom Hills Therapeutic Riding Program, Inc.
P.O. Box 222,
Port Deposit, Maryland 21904-0222
(410) 378-3817
www.freedomhills.org

Volunteers Authorization for Emergency Medical Treatment Form

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of this agency, I authorize Freedom Hills Therapeutic Riding Program, Inc. to:

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

Volunteers Name: _____ Phone: _____

Address: _____ City/State: _____ Zip: _____

In the event I cannot be reached: Contact: _____ Phone: _____

Contact: _____ Phone: _____

Physician's Name: _____ Phone: _____ Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy #: _____

Consent Plan

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

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

Print Name: _____ Phone: _____

Address: _____

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 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:

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

Print Name: _____ Phone: _____

Address: _____

"Where Freedom Is Just A Ride Over The Hill"
P.O. Box 222 - Port Deposit, MD 21904 - (410) 378-3817
www.freedomhills.org

Freedom Hills is an equal opportunity system. The system's policies, programs and activities are in conformance with pertinent Federal and State laws and regulations on nondiscrimination regarding race, color, religion, age, national origin, sex, and handicap.