

REIN AND SHINE
@ Windwood Farm
4857 Windwood Farm Road
Awendaw, SC 29429

VOLUNTEER APPLICATION



A PATH PREMIERE ACCREDITED FACILITY
(Professional Association of Therapeutic Horsemanship Intl)

**Application must be completed and returned prior to volunteer's participation in
lesson programs and/or barn work.**

Welcome to Rein and Shine, and thank you for your interest in volunteering!

- **Volunteers must be able to work independently with minimal staff supervision.**
- **The recommended minimum age for volunteers is 16.**
- **Please complete your Volunteer application and forms (volunteers under the age of 18 years must have paperwork signed by a parent or guardian to participate in training and volunteering). All paperwork must be completed and returned to Rein and Shine prior to participation in the Volunteer Program.**
- **All volunteer opportunities, including work in the Therapeutic Riding Program, the Office, or the Facility also require attending a general volunteer orientation and training session.**
- **Individuals must be available a minimum of one hour per week, the same day and time each week (if at all possible). New volunteers receive their assignment and schedule following their attendance at a volunteer orientation and training session. Volunteer assignments and schedules are based on interest, experience and availability. The first semester of volunteering is considered a trial period.**
- **Volunteering in the Therapeutic Riding Program and/or Facility involves moderate physical activity. Please be sure you are comfortable with the physical aspects of the role you select.**

"Everyone can see how much this program does for the children; however, few realize how it changes the volunteers. The joy I feel in my heart watching these kids work so intensely to accomplish what they do isn't visible to anyone, yet I know it's there. Knowing how these kids struggle every minute of every day to do the simplest things and watching their determination really brings a non-handicapped person down to earth quickly. The pure happiness on the face of a child feeling proud of him/herself for accomplishing one small task is sometimes overwhelming to me. I learn a lot from being part of these classes with the kids. Their excitement is contagious and it's difficult not to become involved and share it with them. We share their joy in the things they are able to do. It's almost as if life as I know it stops and I become part of a divine plan for those hours while working with the kids. It makes my heart smile and there's no place else I'd rather be. The great joy and blessing of working with these kids is priceless. Becoming a volunteer horse handler for the Rein and Shine program has changed my life so dramatically for the better. "

Pam H. (Rein and Shine volunteer)

Because of the nature of the services we provide, Rein and Shine reserves the right to make the final determination as to the appropriateness of volunteers for our organization.

Rein and Shine
4857 Windwood Farm Road
Awendaw, SC 29429
(843)849-0964
www.reinandshine.org

Volunteer Application

Participant's Name _____

Date of Birth _____ Age _____ Male Female
Height _____

Street _____
Apt # _____

City _____ State _____
Zip _____

Home Phone _____

Cell Phone _____

Email
address _____

School
Name _____

For Volunteers under 18 years of age: Parent(s) or Guardian
Name(s)

Phone _____ / _____
Email _____ / _____

Volunteer or Guardian's Employer

Occupation _____

My employer gives time off for volunteering. Yes No
My employer matches cash donations. Yes No

Reasons for Volunteering

personal fulfillment school requirement court required
community service _____ other _____

Please tell us of your experience with:
Horses

Individuals with
disabilities _____

YOUR VOLUNTEER INTERESTS

Lesson Program Volunteer

I am interested in volunteering for the riding program in the
following way(s):

- Sidewalking Riders
 Horse Leading (must have horse experience)
 Horse Care, Feeding, Cleaning Paddocks etc.

Facility/Farm Volunteer

General Maintenance & Repairs Carpentry Equipment
Repair _____

Office Volunteer

Data Entry Reception General Office Support
Mailings _____

Summer - Equine Learning Day Program

Assist with day camp activities

Special Events & Fundraisers Volunteer

Serve on Special Events Planning Committees Fundraising
 Provide Assistance Day of an Event Baking/Cooking

Special Skills Volunteers

Do you have skills, technical/professional experience that would be beneficial to Rein and Shine?

If so, please check those that apply

Photography ___Marketing ___Construction _____Fundraising____
Grant Writing ___ Computers ___Graphic Design ___
Plumbing ___Electrician_____ Builder_____ Other_____
Builder ___Caterer_____ Other_____

Please indicate your Volunteer Availability. Please check the days and time periods you are available to volunteer on a regular weekly basis. Your actual volunteer schedule will be arranged with the Volunteer Coordinator following your training and orientation session.

Available Times

___Early morning (7-9am)

___Mornings (9-12pm)

___Afternoons (12:30-5pm)

___Evenings (5pm-on)

___Other_____

Available Days of the Week

___Mon ___Tue ___Wed ___Thu ___Fri ___Sat ___Sun

In addition to your scheduled day and time, please check if you would like to be on the Volunteer Substitute list

This form was completed by
(participant/parent/other)

Name

Date

**PARTICIPANT'S CONSENT & RELEASE FORM
CONSENT FOR EMERGENCY MEDICAL
TREATMENT**

In the event emergency medical aid/treatment is required due to illness or injury while participating in the services of, or while being on the property of Rein and Shine ("R&S"), I authorize R&S to secure and retain medical treatment and/or transportation if needed. This authorization includes any treatment deemed necessary by a treating health care professional and includes but is not limited to x-ray, surgery, hospitalization, and medication. In addition, I authorize R&S to release my/my child's records to any individual involved in medical treatment and/or necessary transportation.

Participant's Name _____

In case of emergency:

contact _____

Phone _____

contact _____

Phone _____

Physician's Name _____

Phone _____

Health Insurance Name (optional)

Policy # _____

Date _____

Participant Signature

(or signature of parent/guardian if participant is under age 18)

LIABILITY RELEASE

Under South Carolina Law, 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.

(Participant's name)

would like to participate in the Rein and Shine Therapeutic Riding Program. I acknowledge the risks and potential for risks in riding and working with horses. However, I feel that the possible benefits to me/my child/my ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs, assigns, executors and/or administrators, waive and release forever all claims for damages against Rein and Shine, its Board of Directors, Advisory Board, Instructors, Therapists, Aides, Volunteers, Employees, Staff, agents, and representatives of any kind for any and all injuries, damages, claims, demands, causes of actions, law suits, and/or losses I/my child/my ward may sustain while participating in Rein and Shine's Therapeutic Riding Program.

Date

**Participant's
Signature**

(Or signature of parent/guardian if participant is under age 18)

CONFIDENTIALITY POLICY

At Rein and Shine, we place great importance on protecting the confidential information of our clients, our staff and our volunteers.

“Confidential Information” includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, e-mails, etc., as well as the non-public business records of Rein and Shine. In particular, medical information about clients, and information about their disabilities or special needs, must be protected as Confidential Information. Volunteers shall never disclose Confidential Information to anyone other than Rein and Shine staff. Volunteers must seek staff permission before taking any pictures or videos.

I have read and understand the Rein and Shine Confidentiality Policy and agree to abide by same.

Signature(s) _____/_____
Date _____

(If under 18 years of age, both parent & volunteer signatures are required)

PHOTO & PUBLICITY RELEASE (Optional):

I hereby consent to and authorize Rein and Shine to use my/my child's/my ward's name in all audio, visual and written promotional material and to use and/or reproduce any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program.

Participant's Signature _____
(parent/guardian if participant is under age 18)

Date _____

Yes

No

REFERENCE & BACKGROUND CHECK INFORMATION

Reference Name (non relative) _____

Relationship to Volunteer _____

Phone _____ E-mail _____

Volunteers 18 years and older please complete this portion:

Have you ever been convicted of a criminal offense or have a conviction pending, including any misdemeanors? ___Yes ___No

If yes, when? _____

Please explain nature of offense _____

I understand that that Rein and Shine may perform background checks on all new adult volunteers. The information on my volunteer application will be verified, and I give permission to make inquiry of others concerning my suitability to act/serve as a volunteer at Rein and Shine.

Signature _____

Date _____

Please return these forms to Catherine Tallman, our Volunteer Coordinator, at your earliest convenience. For questions or concerns, please contact Catherine at ctallman@reinandshine.org or (843)849-0964. Thank you!

Authorization for Procurement of Background Check

To help ensure the safety of the people we serve, we conduct background checks on adults who wish to volunteer or work at Rein and Shine. As part of the volunteer or staff consideration process we will be utilizing Choicepoint: LexisNexis Volunteer Select Plus in order to conduct a National Criminal File check. In the event that information from the report is utilized in making an adverse decision regarding your eligibility as a volunteer or staff member, we will provide you with a copy of the report.

By your signature and inclusion of the requested information below, you hereby authorize us to obtain this background report about you in order to consider your participation as a volunteer at Rein and Shine.

Applicant's Full Name:

Other Names Used:

Applicant's Address:

City/ State/ Zip:

Telephone Number:

Social Security Number:

Date of Birth:

NOTE: Personal information is used only by Choicepoint: LexisNexis for verification of identity and is not used for any other purpose.

Applicant's Signature: _____

Date: _____

