



# Banbury Cross

*Therapeutic Equestrian Center*

1223 Brauer Road  
Oxford MI 48371

(248) 628-RIDE

April 12, 2008

Greeting from the staff at Banbury Cross! It is time, once again, for us to make an appeal to you for help. Those of you who have helped in the past know that the volunteers are the backbone of this program. Each season the number of riders is growing, so we need volunteers more than ever. Could you help in the effort by passing along the enclosed volunteer information sheet? Just imagine – the number of volunteers could possibly double if we each recruit a single friend! If you happen to need more copies, please just give us a call.

Below are the hours we will need volunteers on each of our class days. Please sign up for one or both parts at this time.

## **PART I**

WEDNESDAY EVENING 4:45 - 9:00 P.M.  
THURSDAY EVENING 4:45 - 9:00 P.M.  
SATURDAY MORNING 8:30 - 1:30 P.M.

## **PART II**

WEDNESDAY EVENING 4:45 - 9:00 P.M.  
THURSDAY EVENING 4:45 - 9:00 P.M.  
SATURDAY MORNING 8:30 - 1:30 P.M.

Please complete the enclosed postcard (**even if you can't volunteer**) and return to **Banbury Cross by May 1<sup>st</sup>, 2008**, so that we have sufficient time to see that all classes are adequately staffed. Your cooperation will be **greatly** appreciated!

Our accreditation standards require that all volunteers take part in a training session at least once each calendar year. This training is mandatory before the first session in which you volunteer each year. Times are as follows. Please check the box on the postcard enclosed for the training session that you will be attending:

WEDNESDAY	MAY 7 <sup>th</sup>	6:00 - 8:00 P.M.
THURSDAY	MAY 8 <sup>th</sup>	6:00 - 8:00 P.M.
SATURDAY	May 10 <sup>th</sup>	10:00 12:00 NOON

Please complete the enclosed postcard (**even if you can't volunteer**) and return to **Banbury Cross by May 1<sup>st</sup>, 2008**, so that we have sufficient time to see that all classes are adequately staffed. Your cooperation will be **greatly** appreciated!

Please bring all forms enclosed, completed and signed (**by parent or guardian if you are under 18 years old**), to your volunteer training session.

**IMPORTANT NOTICE:** The Summer Session will run in two parts. Part one will begin May 14<sup>th</sup> and runs through June 28<sup>th</sup>. Part two will begin July 9<sup>th</sup> and runs through August 21<sup>st</sup>. There will be seven lessons in each part of the summer session.

We hope we will have your help this session. Our rider's need you – and they will repay you with smiles!

Thanks for "giving a leg up",

Angela Powers  
Program Director



**North American Riding  
for the Handicapped  
Association**



**Banbury Cross**

*Therapeutic Equestrian Center*

## 2008 Volunteer Information Form

Name: \_\_\_\_\_ email: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 Parent/Legal Guardian Name: \_\_\_\_\_  
 Parent/Legal Guardian Address: \_\_\_\_\_  
 If student, name of school: \_\_\_\_\_  
 How did you learn about Banbury Cross? \_\_\_\_\_

### Check which areas you are interested in:

#### Program Volunteer

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

#### Competition

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

#### Administration

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

### Photo Release

I consent and authorize the use and reproduction by Banbury Cross Therapeutic Equestrian Center of any and all photographs and any other audio-visual materials taken of me for promotional material, education activities, exhibitions or for any other use for the benefit of the program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Volunteer, or Parent/Legal Guardian, if volunteer is under 18 years old

### ***VOLUNTEER LIABILITY RELEASE***

As a volunteer at Banbury Cross Therapeutic Equestrian Center, 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 risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Banbury Cross Therapeutic Equestrian Center, its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in Banbury Cross Therapeutic Equestrian Center's program.

Under the Michigan Equine Activity Liability Act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Volunteer, or Parent/Legal Guardian, if volunteer is under 18 years old



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## 2008 Volunteer's 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 the agency, I authorize Banbury Cross Therapeutic Equestrian Center to secure and retain medical treatment and transportation if needed.

Volunteer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In the event I cannot be reached, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ 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, or Parent/Legal Guardian, if volunteer is under 18 years old

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 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: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_

Volunteer, or Parent/Legal Guardian, if volunteer is under 18 years old

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_