



VOLUNTEER APPLICATION

FALL 2018 Edition

Email: volunteer@soleanastables.org • 713-436-6625

www.soleanastables.org

Physical Address: Big Wish Farm 19200 McKay Rd., Alvin, Texas 77511

Mailing Address: P.O. Box 84955, Pearland, Texas 77584



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THANK YOU!

Thank you for your interest in volunteering at SoléAna Stables. Our desire is to have volunteers that are ready to give our participants the most effective, uplifting and positive therapeutic riding experience possible. Our participants are full of life, love and hope, and I can assure you that they will bring you more blessings than you ever thought possible!

SoléAna Stables is a 501(c)3 non profit organization that provides exceptional therapeutic horseback riding and equine-assisted activities as a way to achieve goals that enhance physical, emotional, social, cognitive, behavioral and educational skills for individuals with special needs. At SoléAna Stables **our mission is to enhance and transform the lives of individuals and families with mental and physical challenges within a loving, Christian atmosphere using the healing power of horses.**

SoléAna Stables can serve individuals that have Down syndrome, cerebral palsy, autism, multiple sclerosis, developmental delays, traumatic brain injury, muscular dystrophy, paraplegia, sight and hearing deficits, learning disabilities and ADHD, to name a few. Participants can be as young as four and there is no maximum age limit.

All volunteers must be at least 14 years old, however if you have an extensive horse background we will consider younger volunteers. Please begin by reading and completing the attached Volunteer Application. Once completed and returned to us we will contact you regarding our next Volunteer Training session. **This training is mandatory before you can be added to the volunteer schedule.** Please mail the completed application to PO Box 84955, Pearland, TX 77584 or scan and email it to volunteer@soleanastables.org.

I want to thank you personally for giving your time to our program. I am truly humbled and grateful for your willingness to serve. Should you have any questions please contact us at volunteer@soleanastables.org or myself at director@soleanastables.org.

Our mission is great, but we cannot do it without the hard work and dedication of our volunteers! I look forward to meeting you and would like to be the first to say “Welcome to the family”!

Warm Regards,
Sasha L. Camacho
Executive Director
director@soleanastables.org
713-436-6625



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OUR MISSION

Our mission is to enhance and transform the lives of individuals and families with mental and physical challenges within a loving, Christian atmosphere using the healing power of horses.

We recognize every individual for their own unique therapeutic needs. Maximizing each individual's potential requires a flexible program experience. At SoléAna Stables we tailor each lesson to the participant's goals. Our instructor is trained to maximize the potential of each individual through personalized programs specific to the individual's requirements. Aside from our amazing instructor, we have volunteers who guide each individual with a loving hand and a tender heart. Together, these professionals will work to foster confidence and provide an overall sense of accomplishment that will encourage higher levels of independence.

Disclaimer

This application will ask some very personal and private questions. It is our intention to find out more about the people that we are entrusting with our participants. The information contained in this application will be treated with the utmost confidentiality and respect. Our Board of Directors has mandated strict criteria for the treatment and storage of Confidential Documents. No one will have access without proper authorization.

The questions contained herein are not designed to offend or to pass judgment, but rather create an environment where a person's past will not hinder the goals of SoléAna Stables in carrying out our mission in a safe, fun and productive way. We may contact you for a personal interview depending on your answers in the Background Information section. Please be assured that answering affirmatively in this section does not necessarily preclude you from serving with participants.



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VOLUNTEER OPPORTUNITIES

Be a SIDEWALKER – Walk beside the rider as they ride in order to assist with balance and reinforce the instructor's directions. Assist with equine grooming and tack. Arrive 30 minutes before lesson start time. **No equine experience needed.**

Be a LEADER – Lead the equine during the lesson. Assist with equine grooming and tack. Arrive 30 minutes before lesson start time to get equine ready for lesson. **Equine Leader Training required.**

Be a BARN STORMER – For those that aren't comfortable being a Sidewalker or Leader, we will also need help feeding the equine, filling up water buckets and other equine related chores. This is a great way to be around the equine, get comfortable and then progress to Sidewalker.

REQUIREMENTS

- Volunteers must be able to walk up to 1 hour, be able to jog briefly, and possibly support a moderate amount of weight. The minimum age is 14. (Younger volunteers with extensive horse experience may be considered).
- Volunteers must be dependable and prompt. Riders will expect to see their favorite volunteers on a consistent basis, so it will be a commitment. Volunteers need not serve multiple times per week, just consistently on the same day and time.
- Volunteers must be willing to engage the rider with conversation, as well as offer educational support mandated by instructor, teachers and therapists.
- Volunteers will work with the horses from the ground up and will not be asked to ride.
- All volunteers will need to attend the **MANDATORY** Volunteer Training prior to being put on the permanent Volunteer Schedule or Volunteer Sub List. We follow PATH International Safety Guidelines so we need to ensure that everyone is trained properly, not only for your own safety, but for the safety of our participants and equine.
- Once we receive your completed Volunteer Application and you have attended the Volunteer Training session, we will send you a link for Sign Up Genius. We will be using Sign Up Genius so that you can easily sign up for the time slots and positions you prefer and schedule your weekly reminders.

DEPENDABILITY

- Our participants need the consistency of seeing the same volunteers on a weekly basis so we ask that you **sign up for the same time slot and position (Leader or Sidewalker) each week your schedule allows.** If your schedule varies, please sign up for the times that best fit your schedule. If you aren't sure of your availability, we can put you on our Sub List. There will be times where our regular volunteers are not able to make it and we will need to call on our subs to save the day!
- Our program & riders depend on our volunteers! If you need to cancel please let us know ASAP so we can find a replacement. **Send a text or call 208-841-9265 or 281-301-1976 as soon as you know.**



BARN SAFETY RULES

- **Smoking is not permitted on the premises.**
- **Opened-toed shoes are not permitted by anyone, anywhere on the property to include barn or pasture.**
- No glass containers.
- All activity must be supervised and approved.
- All participants must have a liability waiver on file.
- No running or loud behavior.
- All participants must be attentive, polite, and respectful.
- Personal pets are not allowed on the property, with the exception of service dogs.
- No reaching through fences or climbing on gates.
- Please do not feed horses treats or pet them without permission.
- All participants must wear approved ASTM-SEI safety helmets.
- Proper footwear is required to ride.
- Please clean up after yourself. Everything has its proper place.
- Treat God's creatures with kindness and understanding.
- We reserve the right to ask anyone to leave at any time.
- If in doubt of any policy, please ask.

Horses are FUN, but SAFETY COMES FIRST!



Please keep first five (5) pages of this packet for future reference and turn bring all following pages.

Thank you for choosing to Volunteer at SoléAna Stables!



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General Information

Name: _____

Preferred name for Name Badge: _____ Date of Birth: _____

Street Address: _____

City/State/Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Employer/School: _____ Grade: _____

Parents Name: (if applicant is a minor): _____

Street Address: (if different from above): _____

City/State/Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

How did you hear about SoléAna Stables? _____

Please indicate your t-shirt size (available for \$10 but NOT mandatory): S M L XL XXL

Availability (circle): Tuesday 10:30am-12:15pm Tuesday 5:30pm-7:15pm

Thursday 4:30pm-6:00pm Thursday 5:30pm-7:15pm Saturday 8:30am-10:00am Saturday 9:30-11:00pm

Saturday 10:30am-12:15pm Saturday 12:30pm-2:00pm Saturday 1:30pm-3:15pm

Other (Please indicate your availability) _____

Check areas in which you are interested in volunteering:

Horse Handling/Leading

Fundraising

Outreach

Sidewalking

Grant Writing

Volunteer Recruitment

Other: _____



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Do you have previous experience working with individuals with special needs? YES NO

If yes, list experience including dates, organization's name, location, and work performed:

Horse Background

Do you have experience with horses? YES NO

If yes, list experience including dates, location, and work performed:

Level of horse expertise: None Beginning Intermediate Expert

Character & Horse Experience References

You are not obligated to list any references, but may be helpful in determining your volunteer position.

Name: _____

Relationship: _____ How long known: _____

Phone Number: _____ Email: _____

Name: _____

Relationship: _____ How long known: _____

Phone Number: _____ Email: _____

Employment History (May not applicable for youth under 18)

Present Employer : _____

Street Address: _____

City/State/Zip Code: _____

Phone Number: _____

How long have you been employed? _____

Did you know that many employers will match your volunteer hours in donations to the non profits where you volunteer? Some also match dollar to dollar monetary donations made. Are you willing to check with your and/or your spouses employer's HR department to see if they offer such a program? YES NO



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Background Information

Have you ever been arrested, convicted or pleaded guilty to a crime? YES NO

If yes, explain _____

Have you ever been accused, charged, alleged to have or have you ever committed any act of neglecting, abusing, molesting or battering any child or adult? YES NO

If yes, explain _____

Have you ever been treated for a psychiatric disorder? YES NO

If yes, explain _____

Has there been any abuse in your family background with drugs or alcohol or that was emotional, physical or sexual in nature? YES NO

If yes, what steps have you taken to minimize the impact that those issues will create for you?

Have you ever voluntarily left or been asked to leave a role within an organization due to concern regarding inappropriate conduct with minors or adults? YES NO

If yes, explain _____

Background Check Authorization (required for 18 years and older)

I, _____ (volunteer), authorize SoléAna Stables 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 or animals. I understand that such access is for the purpose of considering my application as a volunteer, and I expressly DO NOT authorize the SoléAna Stables, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signature of Volunteer: _____ Date: _____

Information Needed for Background Check

Print Applicant’s Full Legal Name: _____

Print Maiden Name or Any Alias: _____

City, State & County of Birth: _____

Social Security #: _____ Date of Birth: _____ Gender: M F

Driver’s License #: _____ State Issued in: _____



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Physical Information

Height _____

Can you walk for 60 minutes? YES NO

Can you jog for short distances? YES NO

Can you lift 40 pounds? YES NO

Can you stretch in all directions? YES NO

Can you support your arms above your shoulders? YES NO

Do you have allergies, asthma or medical problems which would affect your ability to work with horses or in a barn environment? YES NO

Are you able to work in all environmental elements? YES NO

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine-assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes.

Allergies: _____

Medications: _____



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Medical Release and Authorization

Volunteer Name: _____

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize SoléAna Stables and/or Big Wish Farm to:

- Secure and retain medical treatment and transportation, if needed.
- Release participant records upon request to the authorized individual agency involved in the medical emergency treatment.

In case of an emergency, please contact (must be a local contact):

Name: _____

Phone: _____

Relationship: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person listed as "emergency contact" is unable to be reached. I agree to pay for or arrange insurance payment for costs and claims SoléAna Stables/Big Wish Farm incurs or becomes liable to pay for all medical aid, treatment, and procedures arising from any illness or injury covered by this authorization.

Date: _____

Consent Signature: _____

Volunteer (or Parent if a Minor)

OR

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, SoléAna Stables/Big Wish Farm. In the event emergency treatment/aid is required, I WISH THE FOLLOWING PROCEDURES TO TAKE PLACE:

Date: _____

Consent Signature: _____

Volunteer (or Parent if a Minor)