

River Valley Riders
Volunteer Orientation



Your Name: _____ Date: _____

Do you have any previous experience working with people who have disabilities? If so, where and please describe your experiences:

Do you have any previous experience working or volunteering with an equine-assisted therapy program? If so, where and please describe your experiences:

Most riders may require side walkers. Side walkers will be required to have physical contact with the rider to aid in staying secure, straightening the rider or assisting the rider in mounting and dismounting. Will you be comfortable with this close contact?

Yes No Maybe

Please describe any concerns: _____

Do you have any health limitations that would make it difficult for you to do the following:

Walk on uneven ground for 45 minutes? Yes No problem

Jog a couple minutes to keep up with a trotting horse? Yes No problem

Allergies to horses, hay or pollens? Yes No problem

Please describe any concerns: _____

Are/were you a horse owner? Yes No

Do you have a horse that could be evaluated for the program? Yes No

Do you know of a horse that could be evaluated for the program? Yes No