



## Volunteer Information and Application Form

PO BOX 2014  
IMPERIAL BEACH, CA 91933

[SDBEACHRIDES@GMAIL.COM](mailto:SDBEACHRIDES@GMAIL.COM)

619-947-3152

### **Thank you for your interest in becoming a volunteer at San Diego Beach Rides & Pony Land.**

#### **Ways our Volunteer's Help Us:**

1. Side walking and leading horses and ponies for rides
2. Feeding, Watering, Grooming, Bathing & Doctoring Horses
3. Assisting in Saddling and Mounting Guided Tours and Lessons
4. Supervising in our Petting Zoo for Special Events
5. Barn Maintenance
6. Helping at Special Events/ Parties

#### **How to Sign up for Volunteer Opportunities?**

We are not always accepting volunteers so please submit this application by email to [ponylandsd@gmail.com](mailto:ponylandsd@gmail.com) and a volunteer director will contact you about availability and scheduling. Volunteers should be able to:

Walk for 1-3 hours without fatigue.

Hold arms above shoulder height when walking or assisting horses/ ponies and their riders.

Hold and Support a Modest Weight.

#### **Incentives for Volunteers**

Our volunteers receive priceless learning opportunities with hoof stock and exotic animals as well as riding instruction. We offer discounted services to our volunteers as well as work opportunities depending upon the skill set. We do not offer work for riding volunteer programs. We do occasionally have working student positions that are available depending upon the skill set of the volunteer.

## Qualifications Checklist

\_\_\_ Minimum age of 16 (volunteers under the age of 16 are accepted on a case by case basis and typically need to be enrolled in our riding lesson programs in order to be considered as a volunteer)

\_\_\_ Ability to follow safety rules and regulations.

\_\_\_ Physically able to perform tasks assigned; Including leading, side walking, tacking, barn maintenance, lifting equipment and miscellaneous tasks as assigned by staff.

\_\_\_ Willingness to be outdoors in weather

\_\_\_ Horse knowledge and experience is helpful but not necessary, we are happy to teach you!

## **Responsibilities Checklist**

\_\_\_ Willing to learn and follow the policies and guidelines of SDHR LLC

\_\_\_ Arrive and depart promptly when scheduled.

\_\_\_ Notify the Director of Volunteers in advance if you will not be able to volunteer for your scheduled time.

\_\_\_ Dress in an appropriate, safe and professional manner

\_\_\_ Able to accept constructive feedback, and communicate feedback, concerns or any grievances to the Director of Volunteers.

## **Incentives for Volunteers:**

Discounted Rates for Services provided at SDHR LLC i.e. Private Riding Instruction and Guided tours

Priceless learning of horsemanship and hoof stock knowledge as well as exotics

Some Occasional Riding Opportunities . SDHR LLC DOES NOT GUARANTEE RIDING IN EXCHANGE FOR VOLUNTEER WORK. Volunteer work by definition is “a person who freely offers to take part in an enterprise or undertake a task”. We do not pay volunteers with riding time. Riding is a perk of volunteering at the director of volunteer’s discretion.

By signing and dating below I acknowledge I have read the above requirements and incentives and agree to become a volunteer at SDHR LLC

Name \_\_\_\_\_ Date \_\_\_\_\_

**VOLUNTEER AUTHORIZATION FOR EMERGENCY MEDICAL  
TREATMENT**

In the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering, or while being on the property of the agency, I authorize a representative of SDHR LLC to secure and retain medical treatment and transportation if needed.

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In the event of an emergency, Please notify:

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

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

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

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

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

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

**Consent Plan**

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

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

Date \_\_\_\_\_ Consent Signature \_\_\_\_\_

(Volunteer Parent or Guardian if volunteer is under age 18)

**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 volunteering or while on the property of the agency. In the event that emergency treatment/aid is required, I wish the following procedure to take place: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Non-Consent Signature \_\_\_\_\_ Date \_\_\_\_\_

(Volunteer Parent or Guardian if volunteer is under age 18)

