



SHADOW HILLS RIDING CLUB  
THERAPEUTIC HORSEMANSHIP

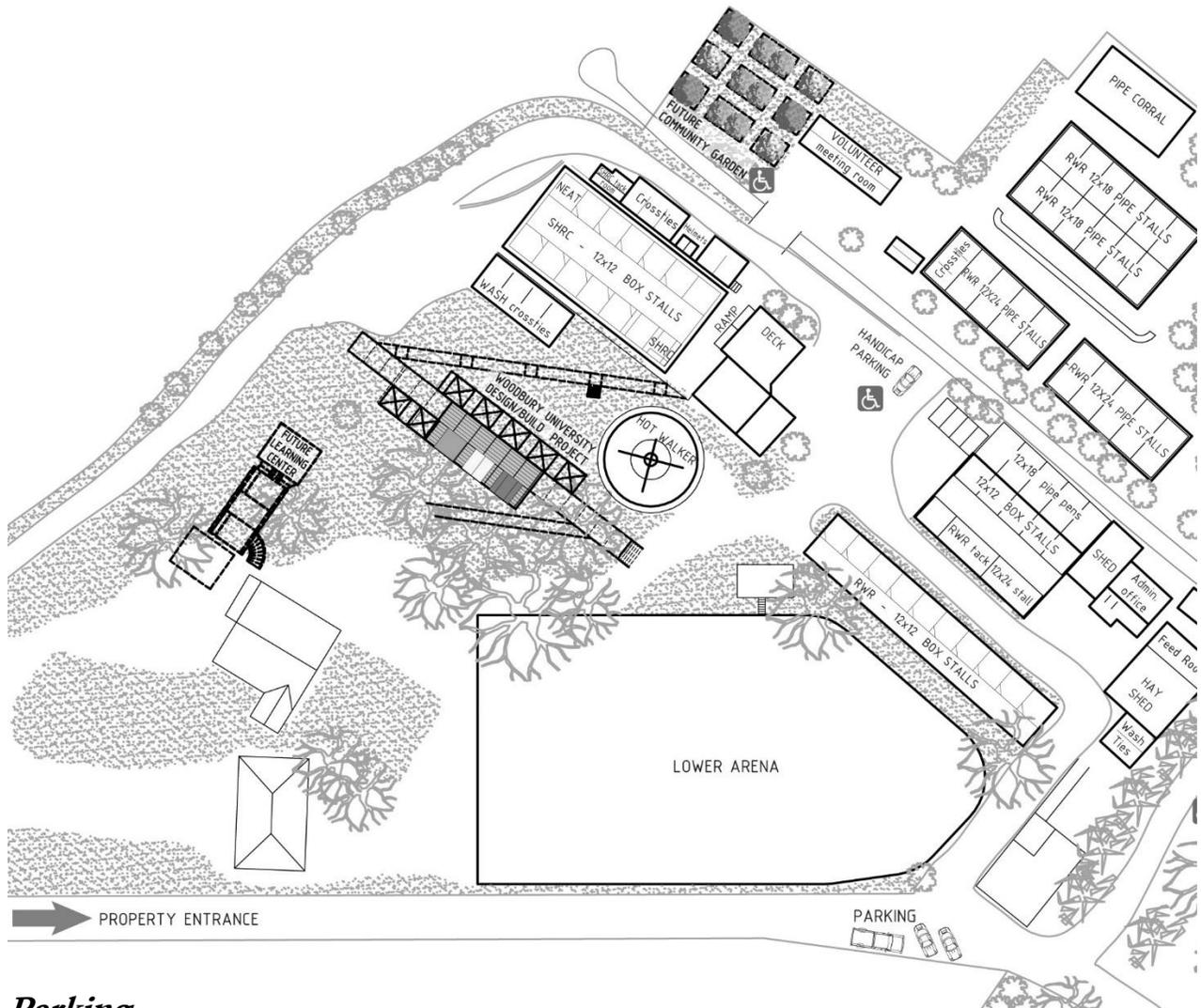
# VOLUNTEER HANDBOOK

Shadow Hills Riding Club  
10263 La Canada Way, Shadow Hills, CA 91040  
Updated May 2014

## Contents

1. Layout of the Facility .....	1
Parking .....	1
Restrooms.....	1
2. Structure of Shadow Hills Riding Center.....	2
3. Volunteering .....	3
Volunteers (Therapeutic Riding-Leader).....	4
Volunteers (Therapeutic Riding-Side Walker) .....	4
Volunteers (Grooms) .....	5
Volunteers (Groundskeepers) .....	5
Volunteers (Petting Zoo Handler).....	6
Volunteers (Grants and Fundraising).....	6
Volunteers (Event Committee).....	6
4. Policies and Guidelines.....	7
Confidentiality Policy: .....	7
Cancellations: .....	7
Attire Policy: .....	7
Dismissal Policy: .....	8
Safety and Emergency Procedures:.....	8
5. Understanding Horse Behavior .....	10
6. Introduction to types of Disabilities.....	12
Why is the Help of a Horse Therapeutic?.....	12
Therapeutic Program Participants .....	12

## 1. Layout of the Facility



### ***Parking***

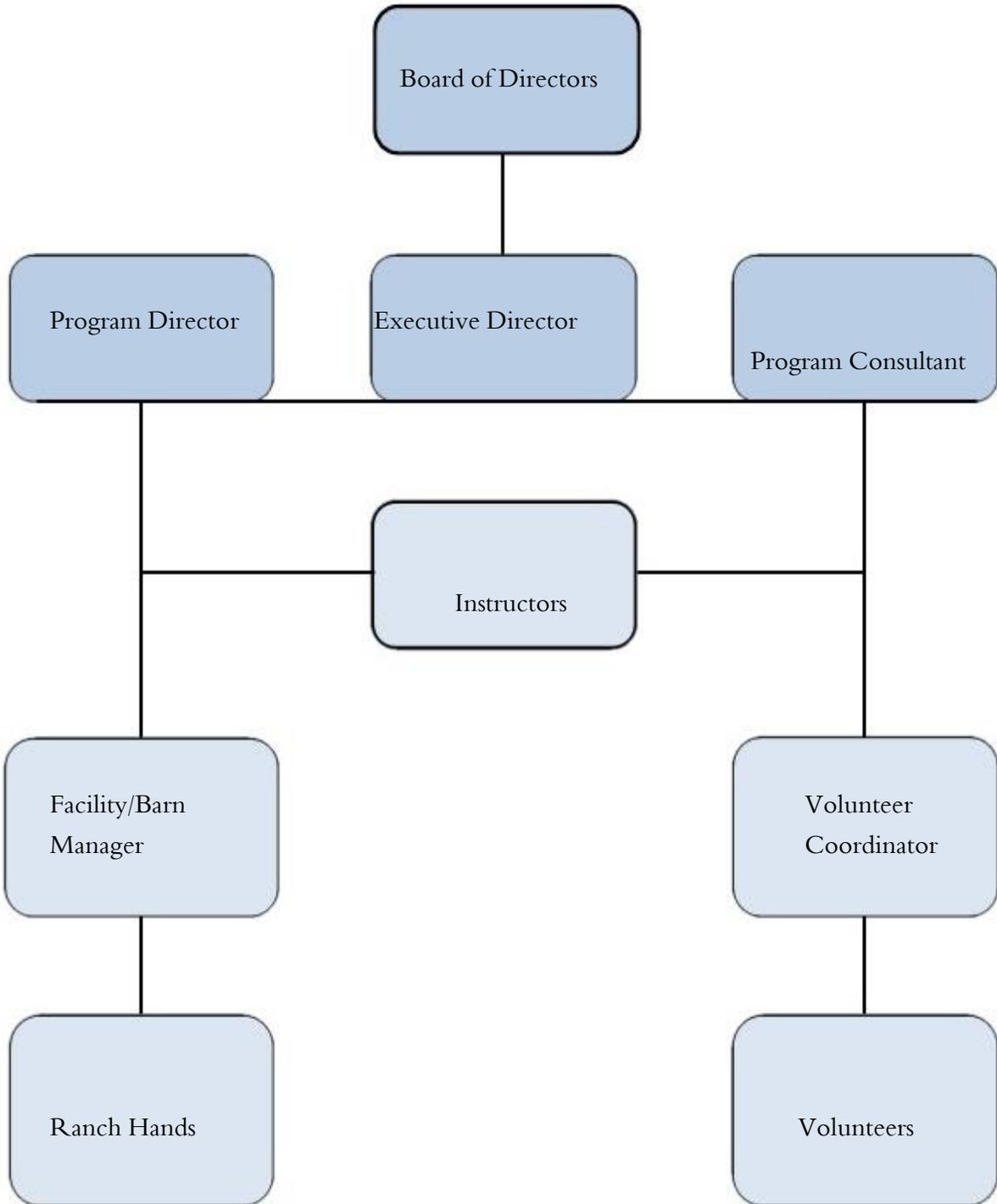
Our main parking area is on the property entrance, next to the arena on the dirt road. DO NOT park in the area immediately in front of the dumpster.

### ***Restrooms***

There are four (4) restrooms located on the property:

1. Behind the Tack Shop near the hay barn,
2. In the red “Sand Box” out house next to the Round Pen
3. & 4. In the blue cabin nearest the arena

## 2. Structure of Shadow Hills Riding Center



### 3. Volunteering

Along with the horses, volunteers are the single most important part of any Therapeutic program activity. Without dedicated people to help groom, tack and lead horses, encourage and walk beside riders and do many other important tasks, the Shadow Hills Riding Program could not exist. The following is a list of volunteer opportunities at SHRC:

**Therapeutic Riding – Leader**

**Therapeutic Riding – Side-Walker**

**Grooms**

**Groundkeeper/Gardening**

**Petting Zoo Handlers**

**Grants and Fundraising**

**Events Committee**

**Commitment and consistency** are very important part for the smooth running of our therapeutic riding program. Therefore, we ask volunteers to commit to a regular schedule in the day(s) and hours they volunteer each week session. Volunteer dependability is essential.

#### **Screening:**

- Volunteers will be screened with the Registered Sex Offender lists before being placed. (Megan's Law.)
- Any Adult with prior incidents of misconduct toward a minor or vulnerable adult will not be permitted to serve in any capacity as a volunteer at Shadow Hills Riding Center.

All volunteers should meet the following criteria:

- Arrive when scheduled and on time.
- Assist with activities and chores assigned.
- Attend continuing education opportunities whenever available.

#### **NECESSARY SKILLS:**

- Minimum age of 14.
- Capable of performing all tasks assigned.
- Must attend Volunteer orientation session.

- After training, able to perform tasks with minimal supervision.
- Able to accept constructive feedback and have positive attitude.
- Able to commit to a consistent volunteer schedule.
- Horse knowledge and experience is helpful, but not necessary.
- Dresses in an appropriate and professional manner, wearing close toed shoes.
- Willing to learn and follow the SHRC's policies and procedures.

### ***Volunteers (Therapeutic Riding–Leader)***

#### DUTIES:

- Help prepare horses for therapeutic lessons, including tack proper tack and grooming
- Assist instructors with lesson preparation
- Assist instructors and therapists by leading horses.

#### NECESSARY SKILLS:

- Must attend Therapeutic Riding – Leader training
- Must be able to commit to consistent session schedule
- Must be physically able to maintain a steady fast paced walk with arm elevated for a minimum of 30 minutes at a time.
- Must be able to respond to Instructor's directions.
- Must be attentive to rider and horse.
- Must be reliable in attendance.
- Must be able to follow emergency procedures
- Must be current volunteer at SHRC, meeting all qualifications for that position

### ***Volunteers (Therapeutic Riding–Side Walker)***

#### DUTIES:

- Help prepare horses for therapeutic lessons, including tack proper tack and grooming
- Assist instructors with lesson preparation
- Assist instructors and therapists by side walking with riders.

#### NECESSARY SKILLS:

- Must attend Therapeutic Riding – Side Walker training
- Must be able to commit to consistent session schedule
- Must be physically able to maintain a steady fast paced walk with arm elevated for a minimum of 30 minutes at a time.

- Must be able to respond to Instructor's directions.
- Must be attentive to rider and horse.
- Must be reliable in attendance.
- Must be able to follow emergency procedures
- Must be current volunteer at SHRC, meeting all qualifications for that position

### ***Volunteers (Grooms)***

#### DUTIES:

- Routinely groom, turn out and/or exercise SHRC horses
- Assist with the care and upkeep of the facilities in which the horses are kept, including cleaning stalls
- Notify main office of any signs of illness, lameness or any health or safety concerns for any horse or animal in the SHRC program

#### NECESSARY SKILLS:

- Must be comfortable around large animals, specifically horses
- Must attend Horsemanship Training
- Must be responsible and able to act with minimal supervision
- Familiarity with horses and horse care preferred

### ***Volunteers (Groundskeepers)***

#### DUTIES:

- Maintain Memorial Garden
- Trim trees and shrubs
- Mow lawns
- Rake leaves
- Plant flowers or garden plants

#### NECESSARY SKILLS:

- Familiarity with gardening and weeding techniques
- Familiarity with the use of garden tools such as weed wackers, lawn mower, hedge trimmer
- Ability to work in sun for up to 4 hours, with knowledge of how to avoid heat stroke
- Ability to bend, kneel and lift as needed in the pursuit of the above listed duties

- Understanding of plants and gardening a plus

### ***Volunteers (Petting Zoo Handler)***

#### DUTIES:

- Feed, groom and care for the farm animals in the SHRC petting zoo
- Assist when necessary with “petting zoo” activities with children such as feeding, grooming and learning days

#### NECESSARY SKILLS:

- Must be comfortable around farm animals such as llamas, pigs, lambs, goats, chickens, etc.
- Must be able to lift small farm animals when necessary for moving from one place to another
- Familiarity with farm animal care a plus

### ***Volunteers (Grants and Fundraising)***

#### DUTIES:

- Research and apply for grants, scholarships and funding for SHRC and its programs
- Actively seek donations from corporations and individuals for SHRC programs and events

#### NECESSARY SKILLS:

- Understanding of grants and non-profit fundraising preferred
- Ability to use basic computer programs for internet search, word processing, faxing and emailing of forms and applications

### ***Volunteers (Event Committee)***

#### DUTIES:

- Submit plans for SHRC events, both on and off site, to the Board of Directors, including purpose, dates, budget, staff, supplies and other necessary information for consideration
- Work with Volunteer Coordinator to staff events
- Attend, staff and facilitate events both on and off-site
- Coordinate with Grants and Fundraising volunteers to find donations of supplies, staff or locations for events

NECESSARY SKILLS:

- Must be able to meet monthly with committee members
- Creativity in problem solving and event creation
- Enthusiastic about sharing the message of SHRC and its programs
- Event planning experience a plus

## 4. Policies and Guidelines

### ***Confidentiality Policy:***

Information regarding clients of Shadow Hills Riding club is highly privileged and confidential. Additionally, all persons associated with SHRC have the right to privacy that gives them control over dissemination of their medical history or other sensitive information. All medical, social, referral, personal and financial information regarding any person and his/her family shall remain confidential. It is the responsibility of every volunteer to adhere to the privacy and confidentiality of all clients.

### ***Cancellations:***

When Shadow Hills is made aware of a student cancellation, we will call, text or e-mail the volunteers to inform them of the cancellation. There will be times when we are not notified. If you as volunteer cannot make it to a lesson that you are signed up for, you must notify the volunteer coordinator as soon as possible.

### ***Attire Policy:***

Volunteers are encouraged to wear attire that is appropriate to the work, yet professional. SHRC volunteers are representing our mission and programs to our participants, visitors and the community. When performing your duties as an SHRC volunteer, please consider the following:

- Shoes or boots that offer protection are suggested. Any volunteer wearing opened toed shoes or sandals will not be permitted to participate in equine related activities.
- Please no halter tops or sports bras showing.
- Dangling jewelry, loose or floppy clothing and hats may pose a hazard when working with horses and kids.
- Dress in layers in case of increase or decrease of temperature throughout the day.
- Please keep valuables locked out of site in cars. Turn off cell phones and pagers.

### ***Dismissal Policy:***

Volunteers at Shadow Hills Riding Center may be asked to leave the program for a number of reasons, including but not limited to:

- The use of drugs and alcohol on the grounds at Shadow Hills Riding center.
- Breach of the confidentiality policy.
- Verbal or physical abuse or sexual harassment or other inappropriate behavior toward participants or other volunteers or staff members.
- Mistreatment of the horses or other animals at Shadow Hills.
- The expression of vulgar language, inappropriate jokes, or disrespectful language.
- Frequent missed work times, without prior explanation.
- Smoking or use of open flames in prohibited areas.
- Persistent disruption of staff during lessons or special events.
- Any behavior deemed inappropriate by the property owner.

If any of the outlined behaviors are observed or reported:

- The person in question is brought to the attention of the Instructor or Program Director.
- The Instructor or Program Director takes the person aside and speaks to the person about the inappropriate behavior, giving a verbal warning.
- The incident is also documented and put in their file.
- If behavior does not stop immediately the person is requested to leave the property.
- The person is given a chance to return under strict agreement that the behavior is not tolerated, which is submitted in writing to the Program Director.

### ***Safety and Emergency Procedures:***

#### **General Safety Rules:**

- An adult shall accompany any visitors under age of 18, unless prior arrangements have been made with SHRC.
- ANYONE who will be riding a horse affiliated with SHRC must have signed release form on record. NO exceptions!
- There will be no running or loud screaming/yelling in the barn or around horses.
- All riders must wear heeled boots, or use safety stirrups and it is strongly suggested that anyone riding at SHRC wear any other protective gear deemed appropriate.
- Anyone riding or mounting a horse is required to wear a helmet, ASTM-SEI approved at

all times at SHRC. NO exceptions!

- Please do not stand on the fence rails or allow children to stand on the rails.
- Never approach a horse directly from the front or rear.
- Please park only in designated areas and drive no faster than 5 mph while on Stable property.

### **Mounting and Dismounting Policy:**

To ensure safety of participants, only trained personnel are permitted to mount and to dismount participants. The certified instructor will mount most participants in the therapeutic program. Occasionally the instructor may need assistance from another trained person to mount or dismount a client. In this case the instructor prior to granting mounting/dismounting privileges must provide training. A list of trained personnel will be kept in the office.

### **Treats for Horses:**

Our horses are fed very well. Occasionally, some horses may require a special diet for health reasons. Please do not feed the horses treats. Horses that are fed treats may become nippy.

### **Emergency Procedures:**

Remember that the emergency procedures will be directed most cases by the certified instructor.

In the event of an accident or an emergency:

- Remain with your team.
- Leader-halt and face your horse.
- Side walkers-remain with rider
- Stay calm and follow directions

If the rider(s) must be dismounted:

- Remain or line up where instructor indicates.
- Side walkers-assist rider's feet out of the stirrups.
- Left side walkers-escort/carry rider around front of horse to designated area.
- Leader-run up stirrups, tuck reins under left stirrup; await directions from instructor.

If a rider must be dismounted quickly (emergency)

- Instructor will indicate need for emergency dismount.
- Leader-halt.

- Right side walker–remove rider’s foot from the stirrup and assist leg over horse.
- Left side walker–pull rider from horse, and await for further instruction.

If emergency personnel must be called:

- Instructor ask volunteer to go to office phone and call emergency personnel.
- Volunteer–Notify the Program Director or Executive Director then call 911 and report the location of the emergency.
  - 1) Telephone number of phone being used.
  - 2) Caller’s name.
  - 3) What happened.
  - 4) Number of victims.
  - 5) Condition of victims.
  - 6) Help being given
  - 7) No sirens close to barn
  - 8) Stay on line for further instructions

Remember the safety of our riders and other personnel is our first priority.

The safety of the horses we are using is our next priority.

### **Policy for Documentation of Occurrences**

An occurrence is defined as any unusual event. It may not result in injury to a participant, staff/volunteer or horse. “Center Occurrence Report” form should be filled out immediately after the incident occurs, with signed statements/reports from the instructor and any witnesses or participants involved in the occurrence. Written forms will be filed in the occurrence binder, in the rider’s file and the horse’s file. A copy will also be given to the Executive Director to submit to the Board of Directors.

## **5. Understanding Horse Behavior**

The most important and indisputable fact is that horses are prey animals, meaning that they are preyed upon in nature but do not prey upon other animals. In nature they live in herds, and their first response to any threat is to flee. Because horses are herd animals, they are social and follow a herd leader. In any given group one horse will be the leader. Even in a domestic situation where they might only be two horses, one will be the leader.

The easiest way to prevent accidents between horse and human is to understand what frightens a

horse. An unusual dog or cat or object, a change in the horse's environment, an unfamiliar noise, or unsure footing, are the most common things a horse will be nervous about. You will learn to notice when a horse is in alert mode about some new object or noise.

First a horse will usually freeze. This makes him less noticeable to the potential predator while being able to better identify the source of his fear. The horse will usually look intently in the direction of the surprising stimulus with its head up and ears perked.

Second, horses run. Many will freeze momentarily before running but many won't. Prior to running a horse may sidestep, spin, or jump and it is these reactions that are particularly likely to injure those around him.

When approaching a horse, be aware that horses are most easily scared by sudden movements or loud noises, particularly outside their field of vision. In particular, avoid approaching horses from the rear where they may not see you. Most horses are used to being approached towards their left shoulder. Announce your presence and put your hand on the horse's neck or shoulder so he knows where you are.

Horses do not understand delayed reward or punishment. Rewards or punishments given more than 3 seconds later will not be associated with the behavior. They do associate pats and soothing voice with a job well done, but the rewards should be immediate.

A horse communicates with its head and hind quarters. These are the "speaking ends" and the "dangerous ends". Watch both when you are working around the horse. The following is a quick look at some of the key signals to be mindful of.

#### Ears Back

Most people believe that when a horse puts its ears back it is expressing anger or aggression. This is true only some of the time. Other times it may indicate that he is listening behind him, that he is afraid, or even a little sleepy. When a horse puts his ears flat to his neck and shows the white of his eyes, you should react with caution.

#### Ears Forward

People usually interpret ears pointed forward as an expression of friendliness and good cheer. Often this can be true, but there are situations where a horse's pricked ears are a definite danger signal.

His ears will point where his interest lies. Usually the horse is taking in the signals and paying more attention to his surrounding then to you. It is good idea to be extra watchful for a minute when a horse is in this posture, because he can jump or spook if pushed before he settles back down.

## **6. Introduction to types of Disabilities**

### ***Why is the Help of a Horse Therapeutic?***

Physical Therapists, Occupational Therapists and Speech Language Pathologists in the United States use the movement of the horse as a therapy tool – “Hippo therapy”. Hippo therapy research has shown relevant functional outcomes such as significant improvements in postural control, motor function, weight bearing, and gait, as well as relaxation of spasticity.

Therapeutic work with horses can also be for individuals with learning disabilities. Sensorimotor input provided by the horse’s movement and horse care tasks can help the central nervous system organize itself, improving hand–eye coordination, spatial awareness, midline orientation, attention span, dexterity, right/left handedness, verbalization and vocabulary, and sequential thinking.

Mental health professionals and educators are using equine assisted therapy to promote mental and emotional health in the field of Equine–facilitated Mental Health, as studies have shown statistically significant decrease in aggressive behaviors, and improvements in self–concept, intellectual and school status, perceived popularity, and self–satisfaction in emotionally disturbed children and adolescents. The therapeutic riding experience provides a rich environment for teaching cooperation, thoughtfulness, self–control, and for fostering self–esteem through the ability to do and succeed.

### ***Therapeutic Program Participants***

SHRC program participants include children and adults with traumatic brain injury, spinal cord injury, cerebral palsy, down syndrome, autism, multiple sclerosis, stroke, cancer, genetic disorders, developmental delays, sensory integration disorders, learning disabilities, conduct disorders, mental illness, and speech, hearing or vision impairments and other disabilities. Participants can range from four years of age to sixty years of age.

### **Autism**

People with autism have social impairments and often lack the intuition about others that many people take for granted. Three to five year old autistic children are less likely to exhibit social

understanding, approach others spontaneously, imitate and respond to emotions, communicate nonverbally, and take turns with others. However, they do form attachments to their primary caregivers. Autistic children are less likely to make requests or share experiences, and are more likely to simply repeat others' words (echolalia) or reverse pronouns. Autistic children may have difficulty with imaginative play and with developing symbols into language. Children with high-functioning autism suffer from more intense and frequent loneliness compared to non-autistic peers, despite the common belief that children with autism prefer to be alone.

### **Cerebral Palsy**

The effects of cerebral palsy fall out on a continuum of motor dysfunction, which may range from slight clumsiness at the mild end of the spectrum to impairments so severe that they render coordinated movement virtually impossible. Resulting limits in movement and posture cause activity limitation and are often accompanied by disturbances of sensation, depth perception and other sight-based perceptual problems, communication ability, and sometimes even cognition; sometimes a form of CP may be accompanied by epilepsy.

### **Paraplegia**

Is defined as impairment in motor or sensory function of the lower extremities. It is usually the result of spinal cord injury or a congenital condition such as spinal bifida which affects the neural elements of the spinal canal. While some people with paraplegia can walk to a degree, many are dependent on wheelchairs or other supportive measures. Due to the increase or loss of feeling or function in the lower extremities, paraplegia can contribute to a number of medical complications to include pressure sores (decubitus), thrombosis and pneumonia.

### **Down Syndrome**

Often Down syndrome is associated with some impairment of cognitive ability and physical growth, and a particular set of facial characteristics. Individuals with Down syndrome tend to have a lower- than-average cognitive ability, often ranging from mild to moderate disabilities. Health concerns for individuals with Down syndrome include a higher risk for congenital heart defects, gastro esophageal reflux disease, recurrent ear infections, obstructive sleep apnea, and thyroid dysfunctions.

Language skills show a difference between understanding speech and expressing speech, and commonly individuals with Down syndrome have a speech delay. Fine motor skills are delayed and often lag behind gross motor skills and can interfere with cognitive development. Effects of the

condition on the development of gross motor skills are quite variable. Some children will begin walking at around 2 years of age, while others will not walk until age 4. Physical therapy, and/or participation in a program of adapted physical education (APE), may promote enhanced development of gross motor skills in Down syndrome children.

## **Multiple Sclerosis**

MS affects the ability of nerve cells in the brain and spinal cord to communicate with each other. Almost any neurological symptom can appear with the disease, and often progresses to physical and cognitive disability. Between attacks, symptoms may go away completely, but permanent neurological problems often occur, especially as the disease advances. A person with MS can suffer almost any neurological symptom or sign, including changes in sensation such as loss of sensitivity or tingling, pricking or numbness, muscle weakness, clonus, muscle spasms, or difficulty in moving; difficulties with coordination and balance (ataxia); problems in speech or swallowing, visual problems, fatigue, acute or chronic pain, and bladder and bowel difficulties. Cognitive impairment of varying degrees and emotional symptoms of depression or unstable mood are also common. Although there is no known cure for the multiple sclerosis, several therapies have proven helpful. The primary aims of therapy are returning function after an attack, preventing new attacks, and preventing disability.

## **ADHD (Attention Deficit Hyperactivity Disorder)**

It is a developmental disorder in which certain traits such as impulse control lag in development. Inattention, hyperactivity, and impulsivity are the key behavior of ADHD. The symptoms of ADHD are especially difficult to define because it is hard to draw the line at where normal levels of inattention, hyperactivity, and impulsivity end and clinically significant levels requiring intervention begin.

Predominantly inattentive type of symptoms may include:

- Be easily distracted, miss detail, forget things, and frequently switch from one activity to another.
- Have difficulty maintaining focus on the task.
- Become bored with tasks after only a few minutes, unless doing something enjoyable.
- Have difficulty focusing attention on organizing and completing a task or learning something new or trouble completing or turning in homework, assignments, often losing things (e.g., pencils, toys, assignments) needed to complete tasks or activities.
- Not seeming to listen when spoken to.
- Daydream, become easily confused, and move slowly.

- Have difficulty processing information as quickly and accurately as others.
- Struggle to follow instructions.

Predominantly hyperactive–impulsive type symptoms may include:

- Fidget and squirm in their seat.
- Talk nonstop.
- Dash around, touching or playing with anything and everything in sight.
- Have trouble sitting still during dinner, school, and story time.
- Be constantly in motion.
- Have difficulty doing quiet tasks or activities.

And also these manifestations primarily of impulsivity:

- Be very impatient.
- Blurt out inappropriate comments, show their emotions without restraint, and act without regard for consequences.
- Have difficulty waiting for thing they want or waiting their turns in games.

## **Learning Disabilities**

Is a classification including several disorders in which a person has difficulty learning in a typical manner, usually caused by an unknown factor or factors. This disorder can make it problematic for a person to learn as quickly or in the same way as someone who is not affected by a learning disability. People with a learning disability have trouble performing specific types of skills or completing tasks if left to figure things out by themselves or if taught in conventional ways. Learning disabilities fall into broad categories based on the four stages of information processing used in learning: input, integration, storage and output.

Input:

This is the information perceived through the senses, such as visual and auditory perception. Difficulties with visual perception can cause problems with recognizing the shape, position and size of items seen. There can be problems with sequencing, which can relate to deficits with processing time intervals or temporal perception. Difficulties with auditory perception can make it difficult to screen out competing sounds in order to focus on one of them, such as the sound of the teacher's voice. Some children appear to be unable to process tactical input. For example, they may seem insensitive to pain or dislike being touched.

Integration:

This is the stage during which perceived input is interpreted, categorized, placed in a sequence, or related to previous learning. Students with problems in these areas may be unable to tell a story in a correct sequence, unable to memorize sequences of information such as the days of the week, able to understand a new concept but be unable to generalize it to other areas of learning, or able to learn facts but unable to put the facts together to see the “big picture”. A poor vocabulary may contribute to problems with comprehension.

Storage:

Problems with memory can occur with short-term or working memory, or without long-term memory. Most memory difficulties occur in the area of short-term memory, which can make it difficult to learn new material without many more repetitions than is usual. Difficulties with visual memory can impede learning to spell.

Output:

Information comes out of the brain either through words, that is language output, or through muscle activity, such as gesturing, writing or drawing. Difficulties with language output can create problems with spoken language, for example, answering a question on demand, in which one must retrieve information from storage, organize our thoughts, and put the thoughts into words before we speak. It can also cause trouble with written language for the same reasons. Difficulties with motor abilities can cause problems with gross and fine motor skills. People with gross motor difficulties may be clumsy, that is, they may be prone to stumbling, falling, or bumping into things. They may have trouble running, climbing, or learning to ride a bicycle. People with fine motor difficulties may have trouble buttoning shirts, tying shoelaces, or with handwriting.