



Dream Catcher Therapy Center, Inc.

End of The Trail Horse Rescue/Sanctuary

5814 Hwy 348 Olathe, CO 81425

Phone 970-323-5400 Fax 970-323-9090

www.dctc.org

**We are looking for Committed Volunteers
who are reliable, take initiative, and don't mind getting dirty!**

Do you want to Volunteer?

Helping horses in need can be very rewarding, but before you sign up consider what it will take to do the job right and ask yourself the following questions:

How much time do I have to volunteer? This is an important question. We rely on volunteers and schedule our work and care of the horses taking into account the schedules of our volunteers. Even though you will not be paid for your time and expertise, not completing or following through on a task will have a significant impact on the horses and the organization. If you commit to a time and day, stick to it, otherwise, you might need to reconsider.

How long a period can I make this commitment? Our volunteer positions are ongoing and have no end date, however, training new people takes time and adds to our work load. Therefore, we prefer people who can commit for longer than a 2 month period, so our work load will actually decrease with added help. Think about the length of time you can and want to commit to and make sure you follow through.

Do I have the skills or expertise to do the job? Stall cleaning and watering does not require any experience and we will train you. Grooming horses, interacting with horses, etc does require experience; however we have training available to volunteers to learn these skills.

What is my volunteer budget? If commuting, consider your travel costs, which add up over time (gas is not cheap right now). We are a 501(c)3 public charity, so your time is not tax-deductible, however your mileage, expenses and donations are, to the full extent of the law.

What's in it for me? Be realistic about the rewards you expect. Be sure you are volunteering because you sincerely want to help horses, no strings attached, not because you feel it will benefit you in some way. Most of the help we need is grunt work that involves cleaning horse poop, sweeping, raking up old hay, leaves, and pine needles, washing buckets, fixing fence, hauling hay, etc. If this isn't something you can or want to do, don't volunteer with us.

Where will I fit in best? Give serious thought to the type of volunteer work you prefer to do. Not everyone will be able to work with the horses... we need lots of serious sweat labor work which benefits the horses greatly, but not necessarily the person doing it unless their heart is in the right place.

Am I really committed, or do I suffer from "great intention syndrome"?

The urging of a good friend or a compelling speech by a non-profit group can stir our emotions and cause us to sign up to volunteer. Getting caught up in the emotion of the moment can make you commit to something that you will not necessarily be excited about later on. A volunteer who resigns shortly after training is very costly to an organization. Think about it before you sign up.

There are a million good reasons to volunteer and there are nearly as many opportunities to volunteer and make a difference. Careful consideration will increase your chances of having an extraordinarily rewarding and enriching volunteer experience. If you are ready to commit, we welcome you to join us.



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Dear Prospective Volunteer:

Welcome and thank you for your interest in Dream Catcher Therapy Center. Volunteers are an invaluable asset to this organization, and we have many areas in which we could use your help. The following gives a brief description of duties that include volunteers.

Volunteer Duties:

- Cleaning stalls and arenas
- Sweeping the barn
- Working with or around horses
- Make sure that all equipment is put away and report any damaged pieces
- Clean tack
- Keep tack room cleaned and organized
- Help set up games in the arena
- Take pictures with our camera
- Office work
- Help feed and/or fill water tanks
- Participate in fund-raising events
- Helping at events

Note: The following list includes some considerations to ponder regarding volunteering for Dream Catcher Therapy Center, Inc.

1. We give priority to individuals who are able to commit to at least one time per week. Continuity is very important to ensure that all of the necessary chores are completed.
2. The DCTC Board of Directors and Staff are committed to providing all of its resident horses with the best quality of life possible. DCTC policies and procedures are developed with the horse's best interest in mind. Our first priority is the safety and welfare of both the volunteers and the horses. Because of liability issues, we cannot guarantee that volunteers will have any direct interaction with the horses.
3. Because barn and farm chores are labor intensive, all volunteers must have the ability to lift at least 30 lbs on a regular basis (water troughs, muck buckets, hay bales, etc.).
4. If you cannot commit to at least one time per week, but are interested in helping with fundraising efforts and /or membership, please let us know regarding your specific interests.
5. If you are under the age of 14, a parent or guardian must also complete an application and accompany you each and every time you volunteer.

Volunteer Application

Name: _____

Date: _____

Address: _____

Phone: _____

Cell: _____

Birth Date (mm/dd/yy): _____

Email: _____

1. What attracted you to our organization? Is there any aspect of our work that most motivates you to seek to volunteer at DCTC?

2. What would you like to accomplish by volunteering at DCTC? What would make you feel like you've been successful?

3. What have you enjoyed most about your previous volunteer work?

4. What did you least enjoy about your previous volunteer work?

5. What are your expectations as a volunteer at DCTC?

6. Please describe your horse experience, if any.

Have you had any training or experience working with people with disabilities on horses? Y N

7. What resources do you bring to DCTC (i.e. vehicle to trailer horses and/or pick-up hay, access to printing and reproduction services at discount, etc.)?

8. Please describe any special skills or talents you may have that would be helpful to DCTC.

9. Describe any physical limitations that may affect your ability to perform certain tasks.

10. If applicable, please share with us your profession, the position you currently hold at your place of employment, and your typical work schedule.

For the safety of our volunteers, staff and horses, all applicants over the age of seventeen must answer the following questions.

1. Have you ever been convicted of a felony? Yes ___ No ___
2. Have you ever been convicted of sexual offenses? Yes ___ No ___
3. Have you ever been convicted of animal cruelty? Yes ___ No ___

If you answered yes to any of the above questions, please explain:

What day(s) and time(s) can you regularly volunteer? Please check.

	Morning	Afternoon	Evening
Monday	___	___	___
Tuesday	___	___	___
Wednesday	___	___	___
Thursday	___	___	___
Friday	___	___	___
Saturday	___	___	___

Please circle the area(s) in which you would like to volunteer: Office Work, Marketing, Volunteer Recruiting, Newsletters/Articles, Public Relations, Stall Cleaning, Fundraising

Please list 3 references. Types of references suggested are: employment, volunteer organization, equine trainer/instructor, or friend.

1. Name: _____ Contact info: _____
Relationship: _____ Years known: _____
2. Name: _____ Contact info: _____
Relationship: _____ Years known: _____
3. Name: _____ Contact info: _____
Relationship: _____ Years known: _____

Volunteers under age 18 must have written parent/guardian consent: I consent to the participation as a volunteer for the Dream Catcher Therapy Center, Inc.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

DREAM CATCHER THERAPY CENTER RELEASE AND WAIVER OF LIABILITY

In consideration for being permitted to participate, I hereby agree as follows:

ASSUMPTION OF RISK: I agree that I am and/or my child/ward is voluntarily participating in the activities offered by DCTC including but not limited to, the use of the equipment, facilities, horses, and premises. I am assuming, on behalf of myself and/or my child/ward, all risk of personal injury, death or disability to me and/or my child/ward that might result from said participation, or any damage, loss or theft on any personal property which I or my child/ward may incur. I understand that riding or simply being in the vicinity of horses is inherently risky. I understand and accept these risks, including (but not limited to) the risk of bodily injury.

RELEASE OF LIABILITY: I agree on behalf of myself and/or my child/ward and my/their personal representative, successors, heirs, and assigns to hold DCTC and its affiliates, instructors, shareholders, directors, officers, agents, volunteers, employees, and licensors, as well as the property owner and tenants of the property and the owners, manufacturers and installers of the equipment comprising the DCTC Facility (collectively, the "Releasees") harmless from any and all claims or causes of action arising out of my and/or my child's/ward's participation in any activity with DCTC or conducted at DCTC's Facility. I expressly release and discharge Releasees from any and all liability, claims, demands or causes of action whatsoever arising out of any damage, loss, personal injury or death to me and/or my child/ward, while participating in any of the activities sponsored or otherwise conducted by DCTC. This release is valid and effective whether the damage, loss or death is a result of any act or omission on the part of any of the Releasees or from any other cause. This Waiver and Release of all liability includes, without limitation, injuries, illness, or accidents, which may occur as a result of (a) use of the facility or its improper maintenance, (b) bodily harm or property damage caused by horses, or (c) instruction or supervision. I understand that I voluntarily give up my right to sue the above mentioned parties.

WARNING: Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY AND A WAIVER OF ANY RIGHT THAT I MAY HAVE ON BEHALF OF MYSELF AND/OR MY CHILD/WARD TO BRING A LEGAL ACTION OR ASSERT A CLAIM FOR INJURY OR LOSS OF ANY KIND AGAINST DCTC. IF ANY ATTEMPT FOR CLAIM IS MADE, I UNDERSTAND I WILL BE RESPONSIBLE FOR ALL DEFENSE COSTS, INCLUDING REASONABLE ATTORNEYS' FEES AND COSTS.

Signature of Participant or Participant's Guardian

Date