



Therapeutic Riding Program

3498 Barclay Messerly Road

Southington, OH 44470

330-889-0036

www.thecamelotcenter.org

Dear Prospective Volunteer,

Thank you for your interest in The Camelot Center. We have been in operation since June 1994 as a non-profit, adaptive horseback riding program and integrated program of horsemanship for riders with and without disabilities to learn together. Our program is designed for each rider, psychologically the riding experience increases self confidence and self esteem. Physically, riding promotes muscular strength and increases neurological coordination. Our riders come from the greater Trumbull - Mahoning community and surrounding area. They may have various disabilities or none at all.

Our schedule varies throughout the year, with more lesson times during the summer and evening lessons the rest of the year. All of these lessons require a lot of help and patience. A Camelot Center volunteer must be able to be physically and mentally active for several hours. Volunteers must be dependable and notify us if you are unable to come at your usual time. This allows us time to bring in other volunteers to take your place. The benefits and joys the riders and their families receive make a commitment to The Camelot Center extremely rewarding. Due to the time and effort involved in training each new volunteer, we ask that you make a commitment of at least one 6-week session.

We appreciate your interest in The Camelot Center and look forward to meeting you. Thank you for making a commitment to help others grow and excel through their interaction with horses.

With Gratitude,
Emily Rhodes
Program Director

Revised June 2026



Volunteer Information

Name _____ Date _____

Address _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____

Home Phone _____ Cell Phone _____

Parent/Legal Guardian/Caregiver Name, Address, Phone Number:

Do you have any physical limitations? _____ If so, please specify

Allergies: _____

Special precautions: _____

List current medications: _____

Can you walk for 60 minutes and jog for short distances? _____ Do you have horse
experience? _____ If so, please specify: _____

Do you have experience working with individuals with disabilities? _____ If so, please specify.

Do you have other skills or training that could be beneficial to our program?

Please check areas of interest:

___ Sidewalker/Leader in arena ___ Working on renovations ___ Fundraising ___ Special Events
___ Clearing trails ___ Facility maintenance ___ Tack cleaning ___ Other _____

Have you ever been arrested for a crime other than speeding tickets? _____ If yes, please
explain. _____

Where did you hear about The Camelot Center?

Email address: _____

I understand that the information provided above is accurate to the best of my knowledge. I
know of no reason why I should not participate in the Camelot Center's program.

Signature: _____ Date: _____

Guardian Signature: _____ Date: _____



Volunteer Release Form

Volunteer Liability Release

As a volunteer at The Camelot Center, I acknowledge the potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against The Camelot Center, its board of directors, instructors, therapists, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in The Camelot Center events and programs.

Consent Signature _____ Date: _____

(volunteer or parent/ guardian)

Print Name: _____ Phone: _____

Address: _____

Photo Release

I ☐ DO

I ☐ DO NOT

consent to and authorize the use and reproduction by The Camelot Center of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Consent Signature _____ Date: _____

(volunteer or parent/ guardian)

Print Name: _____ Phone: _____

Address: _____



Authorization for Emergency Medical Treatment

In the event emergency medical aid or treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize The Camelot Center to:

1. Secure and retain medical treatment and transportation, if necessary.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

Name: _____ Date: _____

Phone: _____ Social Security Number _____

Address _____

In the event I cannot be reached

Contact: _____ Phone: _____

Contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility _____

Dentist's Name: _____ Phone: _____

Health Insurance Company _____

Medications, allergies, conditions or other information relevant to treatment: _____

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication, and treatment deemed "life-saving" by the physician. This provision will only be invoked if the person listed below is unable to be reached.

Consent Signature _____ Date: _____

(volunteer or parent/ guardian)

Print Name: _____ Phone: _____

Address: _____

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in case of illness or injury during the process of receiving services or while being on the property of the agency. In the event of an emergency and treatment/aid is required, I wish the following procedure to take place: _____

Consent Signature _____ Date: _____

(volunteer or parent/ guardian)

Print Name: _____ Phone: _____

Address: _____

TO BE UPDATED ANNUALLY OR IF CHANGES OCCUR



RELEASE AND HOLD HARMLESS AGREEMENT

The Undersigned assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider, and spectator. In consideration, therefore, for the privilege of riding at the facility located at 3498 Barclay Messerly Rd., Southington, OH, the undersigned does hereby agree to hold harmless and indemnify The Camelot Center and the Dade family, and further release them from any liability or responsibility for accident, damage, injury, and illness to the Undersigned or to any family member or spectator accompanying the Undersigned on the premises.

I further agree that I have also read the following copy of the Equine Liability Law which states:

Equine (Horse) Activity Sponsor, Equine And/Or Property Owner Is Not Liable For Any Damages Suffered During An Equine Activity On These Premises. A Horse Is A Large Animal And May Be Unpredictable And Dangerous At Times. Extreme Caution Should Be Taken In Their Presence. Participants Assume The Inherent Risk Of Equine Activities.

I/ We , the undersigned, have read and understand the foregoing agreement. I understand the warnings, release, and assumption of risk.

Signature_____ Date: _____

Print Name_____

Address_____

Phone Number_____

Signature of Parent/Guardian_____

The Camelot Center
(330) 889-0036



Code of Conduct & Discharge Policy

Confidentiality Policy

The Camelot Center recognizes that all consumers receiving services are entitled to do so with the expectation that all information about them will be treated with due respect and confidentiality. All consumer information is considered confidential. The Camelot Center, to the extent provided by law, assumes responsibility for safeguarding each consumer's right to confidentiality and is responsible for all collection, storage, disclosure and destruction of confidential records.

Volunteer Statement of Confidentiality

I, _____, as a volunteer assisting in The Camelot Center Therapeutic Riding Program, indicate by my signature below that I have read and fully understand The Camelot Center policy on confidentiality.

I recognize and respect the right to privacy of all individuals who receive Camelot Center services. I further commit to safeguarding all written material, which is considered to be confidential information by The Camelot Center. I will take the appropriate measures to secure all written material from access by unauthorized individuals. I will not discuss service information in places where unauthorized people will likely hear that discussion.

I accept my obligation to comply with the terms of this Statement.

Consent Signature _____ Date: _____
(volunteer or parent/ guardian)



Code of Conduct

The Camelot Center recognizes that the primary interest of Camelot volunteers is the provision of safe, quality services and activities to participants in our program. To that end, this policy has been written to provide an understanding of appropriate conduct and to provide consistency in the administration of our agency.

On rare occasions, the conduct of a volunteer may be such that it disrupts the orderly operations of the program, the maintenance of a positive program environment, or the interests and safety of staff, volunteers, participants, and horses. Non-compliance with this Code of Conduct may result in the removal of volunteers or guests from the facility. We ask all volunteers to respect the rights, dignity, and wellbeing of all individuals. Camelot volunteers must also respect the integrity and wellbeing of program and facility horses and animals.

The following conduct or behaviors constitute a breach of this code and may result in discharge from the program:

1. Working under the influence or use of alcohol during the program.
2. Being in possession of, or distributing, selling, using, or working under the influence of illegal drugs during the program, or while operating our equipment.
3. Engaging in negligent or improper conduct leading to damage of Camelot Center owned, facility owned, or program participant owned property.
4. Violation of safety, dress, or health rules.
5. Engaging in sexual or unlawful harassment.
6. Insubordination or verbally, emotionally, or physically abusing program participants and/or family members, or personnel.
7. Verbally, emotionally, or physically abusing facility horses or animals.
8. Engaging in disorderly conduct, dishonest behavior, or theft.
9. Disclosing confidential information.

Volunteer Code of Conduct Policy

I, _____, as a Camelot Center volunteer, indicate by my signature that I have read and fully understand the Code of Conduct for The Camelot Center. I understand that a breach of this code may result in my discharge from the program.

Consent Signature _____ Date: _____
(volunteer or parent/ guardian)