

Welcome Volunteers!

We are delighted that you have chosen to join us here at Master's Touch. We look forward to working with you and your family. MT is a faith-based, board-supervised, nonprofit 501c3 corporation. Master's Touch specializes in working with individuals with developmental, physical or cognitive delays and autism spectrum disorder, while also providing traditional riding lessons for all ages and skill levels. Although the primary focus of the program is the student's success, the facility creates a relaxing, rejuvenating environment for families and caregivers as well.

Founder & Program Director

Makayla Parr is the Founder and Program Director of Master's Touch. Raised here in Social Circle, GA, Makayla developed her love for animals and the outdoors at a young age. As a middle-school student, she began to study the value of hippotherapy and foster a dream of using her beloved animals to enrich the lives of others. In her seventeen years of experience as an equestrian, Makayla participated in multiple disciplines such as, hunt seat, working cow, reining, cutting, mounted drill team, driving and vaulting. She holds regional, state, and national titles in many of them. Makayla began her teaching career as a high school student while competing at a national level with 4-H, IEA, Mounted Drill, and the NRHA. She went on to win a NCAA scholarship for the University of South Carolina Equestrian Team. While there, Makayla served all four years as the team prayer leader and continued to nurture her dream for a therapeutic riding career through equestrian work with Curing Kids Cancer, volunteering at a hippotherapy therapy barn, and working as an assistant coach for the Georgia Equestrian Special Olympics. She was awarded as a MVP, recognized consistently on the SEC Honor Roll, and was appointed to the 2017 SEC Community Service Team. In May of 2017, she returned home to achieve her lifelong dream of opening a soon to be therapeutic riding facility. With the generous help of family, close friends, and numerous volunteers, her dreams have become her reality.

Program Goals and Vision

On December 3, 2017, MT opened officially as a Recreational Riding Facility and has plans to become a P.A.T.H. Certified Therapeutic Riding Facility in the future. Recreational Riding differs from traditional riding in that it focuses on developing more than basic riding technique. With equine-assisted activities directed toward improving motor, verbal and communication skills, sensory integration, socialization, coordination and emotional control, the horse is used as a catalyst to bring about the best in the rider. In addition to Recreational Riding, the program has grown to include Small Spurs (for ages under 5), Silver Spurs (for the young at heart), traditional riding for all ages, and Recreational Driving, with each new program continuing to follow the recreational riding model. Riding (or driving) is many more things than simply riding or driving. We learn about relationship - to care and empathize with another one of God's creatures. We learn to communicate verbally and non-verbally. We balance and breathe and learn to be brave. We fail and try again to succeed. And with God's help, we will succeed. Thank you for taking this journey with us. We hope you enjoy the ride.

Blessings,
Marcus Crowe
President



Volunteer Covenant

In order to ensure coordinated care, staff are provided with information about abilities/disabilities of participants.

Participant's Name _____ **Preferred Name** _____

Date of Birth _____ **Age** _____ (if under the age of 12, volunteer must be supervised by a guardian unless approved by volunteer coordinator)

Male or Female (circle one)

Street _____ **City** _____ **State** ____ **Zip** _____

Phone _____ (home/cell) **Phone** _____ (home/cell)

Email address: _____

School Name _____ **Grade** _____

Occupation _____

For volunteers under 18 years of age please complete the following:

Name of parent or guardian that you live with: _____

Phone: Home: _____ Cell: _____

Place of employment/school: _____ Occupation: _____

Reference (non-relative) _____

Reason for Volunteering:

Personal Fulfillment: _____ School Requirement: _____ Court Ordered _____ Other _____

Emergency Medical Treatment

Physician's Name _____ **Phone** _____

Health Insurance Company _____ **Policy #** _____

Preferred Medical Facility _____

Allergies/Allergies to medication _____

Current medications _____

In the event of an emergency contact: Name _____

Cell phone _____ **Relationship** _____

Consent to Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of Master’s Touch, I authorize Master’s Touch to: 1. Secure and retain medical treatment and transportation if needed. 2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed “lifesaving” by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

SIGNATURE _____ **DATE** _____ **Adult**

Participant SIGNATURE _____

DATE _____ Parent/Guardian if participant is under 18 years of age Relationship to participant if participant is under 18 years of age _____

How did you hear of our program? _____

Please Complete:

Are you current CPR & First Aid Trained? _____ Issue Date: _____ Drivers license # _____ State _____ Have you ever been convicted of a criminal offense? Yes _____ No _____ If yes, please explain _____

Upon request, you may be asked to submit an application for a criminal background check. The above information may be verified, and I give permission to make inquiry of others concerning my suitability to act as a volunteer at Master’s Touch.

Signature of Volunteer _____ Date: _____

Signature of Parent/Guardian if volunteer is under 18 years of age (If volunteer is under 18 years of age, both signatures are required.

_____ Date: _____

General Volunteer Information

1. Please tell us of your experience with:

Horses: _____

Leading Horses and/or

Sidewalking: _____

2. People With

Disabilities: _____

3. Your Volunteer Interests:

Lesson Program Volunteer

____ Side Walking

____ Horse Leading (must have horse experience)

____ Coordinator (grooms & tacks horses for lessons)

Equine Program Volunteer

____ Horse Care, Feeding, Cleaning Paddocks etc.

____ Horse Grooming

____ Horse Exercising/training

Facility/Farm Volunteer

____ General Maintenance & Repairs

____ Carpentry

____ Equipment Repair

Office Volunteer

____ Data Entry

____ Reception

____ General Office Support

____ Mailings

Summer Camp Volunteer

____ Assists with day camp activities

Special Events & Fundraisers Volunteer

____ Serve on Special Events Planning Committees

____ Assistance Day of an Event

Special Skills Volunteers

Do you have skills, technical/professional experience that would be beneficial to Master's Touch? If so, please check those that apply:

- Photography
- Sign Language
- Cooking/Baking
- Public Relations/Outreach
- Construction
- Fundraising Experience
- Grant Writing
- Computer
- Graphic Design
- Embroidery/Screen Printing, ect.
- Other: _____

Lesson volunteers either lead the horse or walk beside the horse to assist a rider for up to one hour per lesson in all kinds of weather. Do you have any physical limitations that would make this difficult for you? _____

Do you have any other experience volunteering?

If you are under the age of 12, please provide two personal references, other than relatives.

Name: _____	Phone: _____
Relationship: _____	How long have you known this person? _____
Name: _____	Phone: _____
Relationship: _____	How long have you known this person? _____

CONFIDENTIALITY POLICY/STATEMENT

1. Riders and their families, staff members, and volunteers have a right to privacy that gives them control over the dissemination of their medical or other sensitive information. The therapeutic program shall preserve the right of confidentiality for all individuals in its program.
2. The staff shall keep confidential all medical, social, referral, personal and financial information regarding a person and his/her family. Any person who accidentally obtains such information must not disclose it to anyone without proper authorization.
3. Anyone who works or volunteers for, or provides services to, the therapeutic program is bound by the confidentiality policy, including but not limited to: full- and part-time staff, independent contractors, temporary employees, volunteers, and board members.
4. A person must be over the age of 18 to give consent for disclosure of medical or sensitive information. For anyone under the age of 18, only parent(s), legal guardian or other legal representatives may give consent for disclosure. Adults with developmental disabilities are presumed legally competent to give or deny disclosure unless they have been adjudicated incompetent to make this type of health care decision. If a substitute decision maker has been appointed, written consent must be obtained from that individual.
5. Disclosure of private or sensitive information will not be given out without a person's consent based on a perceived need to protect staff or anyone else from possible exposure through casual contact. EVERYONE should commonly practice infection control procedures with all riders and volunteers under the assumption that anyone could have HIV, hepatitis, or other blood-borne diseases. Casual contact poses NO RISK of transmission of diseases such as HIV.
6. Information will be disclosed to outside agencies or individuals only with the specific written consent of the rider or client (or volunteers due to a medical emergency).
7. Breach of this confidentiality policy may result in reprimand, loss of certain job/volunteer responsibilities, or termination of services/employment, to be determined by the Program Director and/or Board of Directors based on the severity of the breach. Other grounds for dismissal of volunteers or staff include, but are not limited to:
 - 1) the use of drugs, alcohol or tabaco products on the grounds,
 - 2) verbal or physical abuse or sexual harassment or other inappropriate behavior toward participants or other volunteers or staff members,
 - 3) mistreatment of the horses or other animals at Master's Touch,
 - 4) the expression of vulgar language, "off-color" jokes, or disrespectful language,
 - 5) frequent missed "work" times, without prior explanation,
 - 6) abuse of phone and/or computer privileges,
 - 7) smoking or vaping on the premises,
 - 8) persistent failure to follow the rules or directions of the instructors or persistent disruption of riding lessons.

I have read, I understand, and I will follow the guidelines of the confidentiality policy, barn rules and policies and volunteer/staff conduct at Master's Touch, (Parents/legal guardians must sign for children under 18 or wards of the court. Both parents/guardians must sign below if there is joint or shared custody.)

Date _____ Signature _____ Print

Name _____

Date _____ Signature _____

Print Name _____

MTRR Guidelines

(for the help and understanding of what we expect from our volunteers)

Dress Code

- Appropriate attire is essential for the comfort & safety of the participant. Long pants are required. Pants that are made of nylon, polyester, or other “slippery” materials are not acceptable.
- Boots are mandatory for all participants. Participants riding with stirrups will need appropriate riding boots.
- Please provide jackets, sweaters, gloves, etc. in the event of colder temperatures. Remember, the arena is not heated.
- Shorts, skirts or dresses are not permitted. Participant’s legs can become irritated unless they are protected.
- The participant may NOT ride if not dressed appropriately. If a participant comes to sessions in inappropriate footwear or clothing, the participant will not be permitted to ride, but will still be charged for the session.
- Helmets must be worn by all participants prior to and through the entire session time. MTRR will provide an ASTM/SEI certified helmet if the participant does not have their own.
- Boots may be available at MT in limited sizes for the use of students who cannot obtain their own.

MTR Etiquette

- The covered family gathering area, playground, lawn, and hiking trails (when not being used by horses) are available for your enjoyment. Our first priority is to our participants, so please be considerate of sessions in progress.
- Only the instructor, volunteers and participant directly involved in sessions are allowed in the arena, sensory trail and tacking areas at all times, unless directed otherwise by the instructor.
- If a previous session is in progress or dismounting, stay in car or quietly go to parent/participant waiting areas.
- All participants are to wait in designated non-rider areas until volunteer or instructor comes to escort them.
- If you need to talk to the Instructor about medical or physical problems which may have a safety implication for the current session, please do so before the mounting phase begins.
- While a riding session is in progress all parents, family members, and guests must stay in waiting area or their vehicles unless authorized by instructor.
- All scheduling must be done outside of session times through square services or the instructor to provide for an effective teaching/therapeutic environment.
- Please do not run around animals or through the barn. While our horses are not easily spooked, they are still flight animals and can cause dangerous situations when startled.

Supervision Requirements

- All participants under the age of 18 must be accompanied by a parent or adult unless otherwise approved by the Executive Director. An adult must remain on the premises that will be responsible for any dependent’s needs and/or emergencies and must accompany participants unless approved by instructor.

- Children under the age of 18 are not permitted to enter the miniature animal enclosure without an adult unless advised by instructor.
- All participants must follow the rules and guidelines posted at the miniature animal enclosure. Failure to do so will result in dismissal of the enclosure.
- If guardian is approved to leave the premises during the session, guardian must arrive back before the session ends.
- Participants are responsible for any guests accompanying them

Horses

- Please do not feed any of the horses unless authorized by the instructor. Our horse's diets are supervised solely by our Equine Director.
- If you are bringing any type of treat for our horses such as carrots, apples, etc. you may let the instructor know and the proper treat can be given (with the instructor's help) at the end of the session.
- Participants are not permitted to go into the barn area or pasture without an instructor's authorization.

Pets

- While we strive to provide a safe environment for the whole family, pets are not permitted on the premises. Exceptions are made for certified companions or working therapy support animals. Therapy animals are not allowed at any time to enter or approach the MT miniature animal enclosure.

Smoking or Vaping

- No smoking or vaping is permitted on the property by participants, volunteers or guests at any time. Even vaping or smoking in the car at the parking lot with a window cracked is enough to spook a horse that your child might be riding.

Parking

- Please park in the designated areas
- Help us maintain the safety of everyone involved by using a 10 MPH courtesy standard when entering and exiting the property. We could have horses and/or participants moving from one area to another. Your cooperation is appreciated.
- When entering the driveway and parking lot, please treat this as a quiet zone. Sessions are in progress and loud noises or unexpected movements have the tendency to spook even the best horses.

Volunteer Responsibilities

- It is the responsibility of the volunteer to sign up for desired time and task using the Doodle sign up given through the Master's Touch Volunteer Facebook group.
- Upon arrival and departure, volunteers should sign in and out at the office.
- Please arrive on time or prior to the designated time slot assigned
- Please allow at least 24-hour notice in the case of a non-emergency if you are unable to make your assigned time slot in order for the volunteer manager to replace the help needed.
- Be respectful and kind to others
- Foul language and jokes are not acceptable

Equine Activity Release and Hold Harmless Agreement

1. I, _____, the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with Masters Touch, understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability.

2. I understand the potential dangers that I could incur in mounting, riding, walking, boarding and feeding horses; including, but not limited to, any interactions with other horses. Understanding those risks I hereby release Company, its officers, directors, shareholders, employees, property owner, and anyone else directly or indirectly connected with that Company from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me or anyone else caused by or incidental to my electing to mount and ride or interact in any way with a horse(s) or any other animals owned by me or owned or operated by Masters Touch.

3. I understand and recognize and warrant that this Agreement is being voluntarily and intentionally signed and agreed to, and, that in signing this Agreement I know and understand that this Agreement limits the liability of Masters Touch, its officers, directors, shareholders, employees and anyone else directly or indirectly connected with that Masters Touch, while participating in any activity, whatsoever, involving an equine that results in death, personal injury and/or damage to property.

4. I recognize and agree that Masters Touch has made reasonable and prudent efforts to determine my ability to engage in equine activities, and has sufficient knowledge of my equine and horseback riding skills as to relieve, release and hold harmless Masters Touch Recreational Riding from any continuing duty to monitor my equine activities.

5. I further voluntarily agree and warrant to Release and Hold Harmless Masters Touch, its officers, directors, shareholders, employees, property owner, and anyone else directly or indirectly connected with Company from any liability whatsoever, including, but not limited to, any incident caused by or related to Masters Touch negligence, relating to injuries known, unknown, or otherwise not herein disclosed; including, but not limited to, injuries, death or property damage from: mounting; riding; dismounting; walking; grooming; feeding; use of horse barn, paddock, trails or horse ring, in any capacity; falling off horse whether horse is bucking, flipping, spooked; or my failure to understand any equine professional's directions relating to my riding or otherwise use and control, or lack thereof, of my horse or the horse I have been assigned to.

Person voluntarily entering into this Release and Hold Harmless Agreement:

Participant/ Guardian Signature

Signature Date

Printed Name

If minor, person representing himself/herself to be the lawful Guardian under this Release and Hold Harmless Agreement:

Signature

Signature Date

Printed Name

Photo Release Permission Slip

I hereby consent to the use of photographs/videotape taken during the course of any activity at Master's Touch for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

Yes, I give consent for Master's Touch to photograph myself/ my child for any purposes and/or at any riding events.

No, I do not authorize Master's Touch to photograph myself or my child for any event.

Participant/ Guardian Signature: _____ **Date:** _____

Participant Name: _____