



The Equestrian Therapy Program

Volunteer Emergency Medical Form/Information Form

Name: _____ Address: _____ City: _____ State: _____ Zip: _____	Date of Birth: _____
	Cell Phone: _____
	Other Phone: _____
Occupation or School: _____	Email: _____
Parent/Guardian/Spouse: _____	
Special Interests: _____	
Physician's Name: _____ Physician's Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ Preferred Medical Facility: _____	
Person who is authorized to give temporary assistance or care in the absence of parent or guardian:	
Name: _____	Phone: _____ Relationship: _____
Describe any medical condition requiring special precautions or treatment and any medications and dosage: (a) None <input type="checkbox"/> b) Please described _____	
<p>In case of medical emergency, the undersigned authorizes <i>Equestrian Therapy Program</i> to provide such medical assistance as they determine to be necessary.</p> <p>I hereby give my consent, in the event that all reasonable attempts to contact parent/spouse/closest relative have been unsuccessful, to the administration of any treatment deemed necessary by or the transfer of the volunteer to _____ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concur in the necessity for such surgery and are obtained prior to the performance of such surgery.</p>	
Consent Signature: _____ Date: _____ (Student if over 18, Parent/Legal Guardian)	
Non Consent I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property or The Equestrian Therapy Program. ___ Parent or Legal Guardian will remain on site at all times during equine assisted activities. ___ In the event emergency treatment/aid is required, I wish the following procedure to take place.	
Non-Consent Signature: _____ Date: _____ (Student if over 18, Parent/Legal Guardian)	
I have read and understand the <i>Volunteer Handbook</i> . Signature: _____	Date: _____
Photo Release	
I consent/or do not to and authorize the use of and reproduction by (ETP) of any and all photographs and any other audiovisual material taken of me for promotional material, educational activities, exhibition or for any other use for the benefit of the program.	
Yes Photo Signature: _____	Date: _____
No Photo Signature: _____	Date: _____



THE EQUESTRIAN THERAPY PROGRAM

CODE OF CONDUCT AND PREVENTION OF CHILD ABUSE

1. In order to protect Equestrian Therapy Program staff, volunteers and program participants – at no time during an ETP event may ETP staff or volunteers be alone with a single child where staff or the volunteer cannot be observed by others.
2. Staff and volunteers shall never leave a child unsupervised.
3. Restroom supervision: staff and volunteers will make sure suspicious or unknown individuals do not occupy the restroom before allowing children to use the facilities. A staff member or a volunteer will stand in the doorway while a child uses the restroom, unless they are taken to the restroom by a parent or guardian.
4. Staff and volunteers should conduct or supervise private activities in pairs. When this is not feasible, staff or volunteers should be positioned so that they are visible to others.
5. Staff and volunteers should not abuse children, including:
 - Physical abuse – striking, spanking, shaking, slapping
 - Verbal abuse – humiliating, degrading, threatening
 - Mental abuse – shaming, withholding love, cruelty
 - Neglect – withholding food, water, basic care, etc.
 - Sexual abuse – inappropriate touching or verbal exchangesAny type of abuse will not be tolerated, and may be cause for immediate dismissal.
6. Staff and volunteers must use positive techniques of guidance, including redirection, positive reinforcement and encouragement rather than competition, comparison and criticism. Staff will have age-appropriate expectations, and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in pre-determined situations (necessary to protect the child or other children from harm), is only administered in a prescribed manner, and must be documented in writing.
7. Staff and volunteers will conduct a visual health check of each child, each day, as they enter the program, noting any fever, bumps, bruises, burns, etc. Questions or comments will be addressed to the parent or child in a non-threatening way. Any questionable marks or responses will be documented.
8. Staff and volunteers respond to children with respect and consideration, and treat all children equally regardless of sex, race, religion or culture.
9. Staff and volunteers will respect children's rights to not be touched in ways that make them feel uncomfortable, and their right to say no.
10. Staff and volunteers will refrain from intimate displays of affection towards others in the presence of children, parents and staff.
11. While the ETP does not discriminate against an individual's lifestyle, it does require that in the performance of their job as staff or volunteer you will abide by the standards of conduct set forth by the Equestrian Therapy Program.

12. Staff and volunteers must appear clean, neat and follow the dress code policy.
13. Staff and volunteer identification badges must be worn during program operation.
14. Using, possessing or being under the influence of alcohol or illegal drugs during work or volunteer hours is prohibited.
15. Smoking or the use of tobacco in the presence of children or parents during working hours is prohibited.
16. Profanity, inappropriate jokes, sharing intimate details of one's personal life and any kind of harassment in the presence of children or parents is prohibited.
17. Staff and volunteers must be free of physical and psychological conditions that might adversely affect children's physical or mental health. If in doubt, an expert should be consulted.
18. Staff and volunteers will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact and maturity.
19. Staff and volunteers may not be alone with children they meet in ETP events outside of the Equestrian Therapy Program. This includes babysitting, sleepovers and inviting children to your home. Any exceptions require a written explanation before the fact, and are subject to administrator approval.
20. Staff and volunteers are not to transport children in their own vehicles unless participating in an ETP special event.
21. Staff and volunteers may not date program participants under the age of 18 years old.
22. Under no circumstances should staff and volunteers release children to anyone other than the authorized parent, guardian or other adult authorized by the parent or guardian (written parent authorization on file with the ETP).
23. Staff and volunteers are required to read and sign all policies related to identifying , documenting and reporting child abuse and to attend trainings on the subject as instructed by a supervisor.
24. Every staff member or volunteer has an absolute duty to report any suspicion of child abuse, molestation or sexual misconduct to the proper authorities. The child protective agency will determine the accuracy of the report.
25. Volunteers or staff members may receive information regarding the participants. The staff and volunteers will treat any information regarding the participant as confidential.
26. Staff and volunteers will silence their cell phones during equine assisted activities and/or while handling equines. Under no circumstances will staff or volunteers answer their cell phones during equine assisted activities.

I understand that any violation of this Code of Conduct may result in termination.

Employee/Volunteer Signature

Supervisor Signature

Date



WAIVER AND RELEASE OF LIABILITY

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY, AND INDICATE YOUR UNDERSTANDING, AGREEMENT, AND ASSENT BY SIGNING AS INDICATED BELOW.

I / We, the undersigned, understand that equine activities are inherently dangerous and that this danger or condition is an integral part of an equine activity. The inherent risk presented by equine activities includes, but is not limited to, any of the following: (a) The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine; (b) The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; (c) Hazards, including, but not limited to, surface or subsurface conditions; (d) A collision with another equine, another animal, a person, or an object; (e) The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant

I understand that riding instruction requires that the instructor give direction in the form of "commands", and while due deference should be given to such commands, I realize that all my activities are voluntary, and I should use my own judgement in choosing whether to comply with any suggested act. The instructor is entitled to my attentiveness and good faith efforts to cooperate, but does not expect or require absolute obedience, especially if such compliance might cause injury or harm to myself, my horse, or any person, animal or property.

I understand that horseback riding and training is a rigorous activity, requiring both physical fitness and mental alertness at all times. I certify that I am in good health and free from injury, illness, or other defect, which might impair my ability to engage in this activity.

I expressly and voluntarily assume all risks attendant to horseback riding and related activities, including but not limited to those discussed in the above paragraphs. I do hereby fully and forever release, discharge, and hold harmless Fassett Farm and the Equestrian Therapy Program, as well as other students and the assigns of the same, from any and all claims which I or my assigns may assert as a result of physical injury to me, or loss of damage to property, incurred while a participant is using, handling, or riding a horse while at Fassett Farm as a visitor, whether a program horse or my own horse.

My signature on this form constitutes my understanding and agreement to all the statements above and gives Fassett Farm and the Equestrian Therapy Program and their assigns my total and unconditional release from any and all claims of liability or damage. This Waiver and Release shall remain valid until revoked in writing.

DATE _____

PRINT PARTICIPANT NAME

PARTICIPANT SIGNATURE

CONTACT INFORMATION - ADDRESS:

Street Address

City

State Zip Code

SIGNATURE OF WITNESS

PARENT/GUARDIAN SIGNATURE

SIGNATURE OF WITNESS

SECOND PARENT SIGNATURE

PARTICIPANTS UNDER AGE EIGHTEEN (18) MUST HAVE THIS FORM SIGNED EITHER BY BOTH NATURAL PARENTS, OR BY THE SOLE PARENT HAVING LEGAL CUSTODY, OR BY THE PARTICIPANT'S LEGAL GUARDIAN.



The Equestrian Therapy Program

Background Information

Name: _____ Date of Birth: _____

Address: _____

Have you ever been charged with or convicted of a crime? Y N

Please explain:

I, _____(volunteer/staff), authorize the Equestrian Therapy Program to obtain information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals. I understand that such access is for the purpose of considering my application as an employee/volunteer, and I specifically DO NOT authorize the Equestrian Therapy Program, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signature: _____ Date: _____
(volunteer/staff)

Office Use Only

Signature (*Authorized Person*): _____

Position Title: _____

Date of Background Check: _____

Important Equestrian Therapy Program *Policies*

Equestrian Therapy Program Sick Policy

To help keep everyone happy and healthy at *The Equestrian Therapy Program* we would like to update you on our Sick Policy. Many of the individuals we serve can become very sick, very easily due to weak immune systems so it is very important that everyone adhere to our Sick Policy for the wellbeing of all.

Participants (Riders, Hippo Clients, etc) and Volunteers must be free of the following symptoms and/or conditions for 24 hours before arriving at *The Equestrian Therapy Program*.

- Temperature of 100 degrees or higher**
- Vomiting
- Two or more cold symptoms**
- Undiagnosed rash on the body
- Colored mucus discharge
- Cloudy discharge from the eye(s)
- Any communicable disease

- Any symptoms that indicate COVID-19 or the mutations.

*** Symptoms and/or fever must remain absent without the use of Tylenol, Motrin, or any other antipyretic.*

If you have any of the above symptoms and/or conditions please contact your instructor directly ASAP. Credits are not issued in the case of absences due to sickness.

The Equestrian Therapy Program

Covid-19 Acknowledgement of Risk and Acceptance of Services

I, _____ (Volunteer Name), am aware of the risks of contracting Covid-19 while receiving face to face services from The Equestrian Therapy Program at this time of the pandemic outbreak and Ohio Governor DeWine's declaration of a "stay safe" declaration.

I am aware that face to face services increase my risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless The Equestrian Therapy Program, it's employees, Board of Directors and all other individuals I may come in contact with during this interaction and receiving of services.

I agree to and will follow all guidelines for personal hygiene, and personal and public safety as recommended by The Equestrian Therapy Program and my individual provider/practitioner (See COVID Plan). This may include, but is not limited to, waiting in my vehicle until I am asked, either in person or via telephone, to enter the building; washing my hands prior to each session; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective medical mask and/or gloves.

I agree to cancel my services should I have, within the previous 24 hours to 2 weeks, personally exhibited or have been in contact with someone who has presented with illness including: cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of my provider (ETP Program) once I have notified them of these risks in regard to my future services during this pandemic.

The Equestrian Therapy Program will engage in regular cleaning and sanitizing of horse tack, grooming supplies, doors, and frequently touched areas in-between client sessions and on a daily basis as recommended by the CDC and our contracted Veterinarian for the safety of clients, employees, volunteers and horses.

I am signing under my own free will and choice and agree to follow these and hold harmless all individuals associated with or through my services acquired from Equestrian Therapy Program.

Volunteer Name: _____ Date: _____

Volunteer Signature: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Witness Signature: _____