Spring 2012

Name____ Phone #____________________

E-Mail Address__________________________ Driver's License #_________________________

Address: _______________________________ City____________________ State:___ Zip:_________

Turning Point Sessions Available: ______________________________		
Activity	Description	Trainer Initials
Orientation	Required by PATH. This is an overview of Turning Point Ranch's purpose, policies, procedures, and job duties.	
Side-Walking	Horse experience is not required. Responsible for setting up activities, interacting with the clients, and keeping the children on track during lessons. Perfect for someone who loves children and wants to work with them.	
Horse Leading	Extensive horse experience required. Responsible for catching and tacking up the horses for lessons. Totally responsible for the horse during the session and for the rider's safety.	
Horse Care	For people looking to work with horses. Horse experience preferred, but must be comfortable with horses.	

Statement of Commitment: I, _________________________________, intend to participate as a volunteer in the Turning Point Ranch Therapeutic Horseback Riding program.

I understand that the Turning Point Program is a member of the Professional Association of Therapeutic Horsemanship and as such I have a responsibility to learn and follow PATH standards in the performance of my volunteer services.

I understand that my commitment to perform the duties for which I have been trained on the schedule assigned are critical elements in providing therapeutic services to a particular client. If I am unable to perform those duties, I will find a replacement from the names provided to me. Failure to do so will result in a loss of volunteer credit for any service.

I understand that I am responsible for entering my service times in my file at every session and that Turning Point will provide me with a signed Record of Service at the end of each semester if requested.

Signature____ Date__________________________

Authorization for Emergency Medical Treatment Form

☐ Volunteer ☐ Staff

Name:________________________ D.O.B___________________ Phone: ________________________

Address: ____

Physician's Name: _____________________ Preferred Medical Facility: _________________________

Health Insurance Provider: _____________________Policy # __________________________________

Allergies to Medication: ____

Current Medications: ____

In the event of an emergency, contact:

Name: ___________________________________Relation: ___________ Phone: ________________

Name: ___________________________________Relation: ___________ Phone: ________________

Name: ___________________________________Relation: ___________ Phone: ________________

In the event emergency medical aid/treatment is required due to injury during the course of programming, volunteer service, or while on the property of the center, I authorize Turning Point Ranch to:

1. Secure and retain medical treatment and transportation if needed.
2. Release medical information on this form to the authorized individual or agency involved in the emergency medical treatment.

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. The provision will only be invoked if the person(s) above is/are unable to be reached.

Consent Signature: ____ Date: _______________

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the course of programming, volunteer service or while on the property of the center. In the event emergency treatment/aid is required, I wish the following procedures to take place:

____

____

____

Consent Signature: ____ Date: _______________

Volunteer/Staff Release Form

Release of Liability: I, ____________________________________, would like to participate as a volunteer/staff member in the Turning Point Ranch Therapeutic Horseback Riding program. I acknowledge that I am aware of the risks and potential risks of working with horses. I hereby, intending to be legally bound for myself, my heirs, and assigns, executors or administrators do waive and release forever all claims of damages against Turning Point Ranch, its Board of Directors, Instructors, Therapists, Aides, Volunteers, landowners, and employees for any and all injuries or losses I may sustain while participating in the Turning Point Ranch Therapeutic Horseback Riding program.

Signature: ____Date: _____________________________
(Parent, guardian or adult volunteer/staffer)

Criminal Background Information: Have you ever been charged with or convicted of a crime? __(y/n)

I, ________________________, understand that Turning Point is required to perform criminal background checks on volunteers who work with vulnerable populations under Federal statutes. I hereby authorize Turning Point to receive information from any law enforcement agency, offender registry or court of any state or the federal government to pertaining to any convictions I may have had, including but not limited to convictions for crimes committed upon children. I understand that such access is for the purpose of considering my application as a volunteer/staff member at Turning Point and that I may request a copy of any findings.

Signature____ Date__________________________

Photo/Video Authorization: I hereby consent to and authorize the taking, use and reproduction of any and all photographs, video and other audiovisual materials procured by Turning Point Ranch for use in promotional printed or electronic materials, educational activities or any other use for the benefit of the program.

Signature____ Date__________________________

Confidentiality Policy

Turning Point Ranch Therapeutic Riding Program is designed to provide a valuable activity for individuals with various disabilities – physical, emotional and mental.

Because of the nature of our service, we request information regarding the health and behavior of our clients that may be of a sensitive nature. We value each client's right to privacy and are committed to preserving the confidentiality of information provided to us -- balanced by our staff and volunteers' need to plan appropriate activities and protect the safety of our riders.

Turning Point goes to great lengths not to divulge any information about any client to anyone other than volunteers and instructors directly involved with that client unless given explicit permission to do so.

As a volunteer/staff member at Turning Point Ranch, I understand the importance of the above Confidentiality Policy and agree to abide by its intent. I also agree to respect the privacy of all clients and not discuss any aspect of a client's disability, behavior or health with anyone outside of Turning Point professionals involved with that client (i.e. instructors, program coordinators or the director) or the parent/guardian of that client.

Signature____ Date__________________________