



GAIT THERAPEUTIC RIDING CENTER

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(Website) www.gaittrc.org



GAIT TRC is a PATH Int'l Premier Accredited Center and abides by all PATH safety standards. All forms, policies, and procedures are in adherence to PATH Int'l. If you have any questions regarding this packet, please contact 570-409-1140 to speak to the Volunteer Coordinator

INTERSHIP APPLICATION FORMS

Enclosed are **six (6)** forms that need your attention and signature:

- Form 1 Contact Information and Health History Form
- Form 2 Internship Opportunities Application Form
- Form 3 Authorization for Emergency Medical Treatment Form
- Form 4 GAIT TRC Confidentiality Policy
- Form 5 GAIT TRC Background Check Information
- Form 6 GAIT TRC General Releases Form

All forms must be signed by parent/ legal guardian/ caregiver if under the age of 18

I. POLICIES OF GAIT TRC

- All new and returning volunteers are required to attend one Safety and Orientation Trainings each year
- All forms must be completed and signed before turning in
- Volunteers over 18 are required by PA law to obtain required background checks
- Any original materials developed during the internship period will remain the intellectual property of GAIT TRC
- No smoking anywhere on the property
- No contact with the horses without a PATH Certified Instructor present
- No feeding the horses by hand
- Adhere to GAIT's Confidentiality Policy
- Off street parking lot available near entrance

II. ATTIRE

- Dress appropriately for outdoor weather conditions and barn work
- No open toed shoes or sandals
- Boots (no steel toe) or sneakers
- Long pants and t-shirts
- Tuck scarves/ jewelry into clothing
- No ponchos or noisy clothing (ex: swishy pants)

GAIT TRC is a Federal 501(c)(3) non-profit, charitable organization (EIN 22-3444872) for the benefit of special needs persons in Pennsylvania, New York, and New Jersey.

Updated 2017 to conform to the latest PATH Standards & Accreditation Manual



Contact Information and Health History Form (Form 1)



I. CONTACT INFORMATION:

Name: _____
Mailing Address: _____ City _____ ST _____ ZIP _____
School: _____ Field of Study: _____
Date of Birth: _____ Age: _____ E-mail address: _____
Phone: (Home) _____ (Cell) _____ (Work) _____

Preferred Method of Contact: Home Phone Cell Phone Work Phone Email
Up to date schedules and events will be posted via email and GAIT's website www.gaittrc.org

II. HEALTH HISTORY:

Responsibilities may include communicating with others, following directions, walking for extended periods of time, jogging short distances, working in hot/cold conditions, lifting, working with or around large animals, and working with participants with special needs that may range from mild to severe mental and/or physical challenges.

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address any fitness, cardiac, respiratory, bone or joint function, recent hospitalization/surgeries or other lifestyle changes:

GAIT TRC considers applicants for volunteering/ employment without regard to race, religion, national origin, sex, orientation, disability, or any other status. Reasonable accommodations that do not impose an undue hardship on GAIT and/or its participants may be provided or approved for qualified individuals with differing abilities.

RECENT MEDICAL TESTS:

Tetanus Shot: _____ Tuberculosis Test: + - Date: _____
(Consult your physician or local health department if you are not up to date with these shots/tests)
Allergies: _____
Medications: _____

*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 GAIT TRC's programs.*

Signature: _____

Date: _____



Internship Opportunities Application Form (Form 2)



I. PERSONAL INFORMATION:

Please indicate if you are interning for: Occupational Therapy Physical Therapy
 Speech/ Language Recreational Therapy Social Services Other

How did you learn about GAIT THERAPEUTIC RIDING CENTER? _____

Please describe why you would like to be an intern at GAIT: _____

What is your educational/ training background? _____

What other skills do you have? _____

II. INTERNSHIP OPPORTUNITIES:

PLEASE CHECK AREAS YOU WOULD BE INTERESTED IN:

Programs

- Therapeutic Riding
- Activities Program
- Equine Assisted Learning
- Hippotherapy
- Equine Facilitated Psychotherapy

Administration

- Public Relations
- Grant Writing
- Fundraising
- Photography/Video

AVAILABILITY:

Therapeutic Riding classes are typically scheduled for Monday evenings, Wednesday evenings, and Saturday mornings. All other programs are scheduled on an individual basis.

Please indicate which day or days that you are available: (check all that apply)

- Monday Tuesday Wednesday Thursday Saturday
- Evenings Mornings Flexible _____



Authorization for Emergency Medical Treatment (Form 3)



AUTHORIZATION:

Name: _____ DOB: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

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 GAIT TRC, I authorize GAIT TRC to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized Individual or agency involved in the medical emergency treatment.

CONSENT PLAN

This authorization includes x-ray, 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.

Consent Signature: _____ Date: _____

(Volunteer/Staff/Parent/Legal Guardian/Authorized Caregiver)

NON-CONSENT PLAN

Parent/Legal Guardian/Authorized Caregiver must remain on site at all times during equine assisted activities.

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 of GAIT Therapeutic Riding Center

In the event emergency treatment/aid is required, I wish the following procedure to take place: _____

Non-Consent Signature: _____ Date: _____

(Volunteer/Staff/Parent/Legal Guardian/Authorized Caregiver)



GAIT TRC's
CONFIDENTIALITY POLICY
(Form 4)

Volunteer_____ Staff_____



Volunteers under the age of 18 must have their parent/ legal guardian/ caregiver sign this page and ensure that their child understands and adheres to this policy.

CONFIDENTIALITY POLICY: Participants and their families have a right to privacy that gives them control over the dissemination of their medical or other sensitive information.

- I.** GAIT TRC shall preserve the right of confidentiality of all individuals in its programs, including volunteers and staff.
- II.** The volunteers and staff of GAIT TRC shall keep confidential all medical, social, referral, personal and financial information regarding a person and his/her family.
- III.** The volunteers and staff of GAIT TRC shall keep confidential names/ diagnoses of participants as well as any behavioral challenges that participants, volunteers, staff, or horses may have.
- IV.** Anyone who works, volunteers, or provides services to GAIT TRC shall be bound by this policy. This includes but is not limited to:
 - Full and part-time staff
 - Independent contractors
 - Temporary employees
 - Volunteers
 - Interns
 - Board Members
 - OSWC and ESMHL Workshop participants
- V.** As a general rule, infants and children under the age of 18 **DO NOT** have the legal authority to consent to disclosure of medical or other sensitive information. Only parents, legal representatives, or others defined by state statute generally have this authority.
- VI.** Please report any sensitive information and/or breach of confidentiality to one of GAIT's Certified Instructors or to the Executive Director, who will then follow GAIT protocol.
- VII.** Penalties that can result from breaching confidentiality may include reprimand, loss of certain job responsibilities, and termination.

STATEMENT OF CONFIDENTIALITY

I have read and will observe the above Confidentiality Policy of GAIT TRC. I understand that all information (written and verbal) about participants at this PATH Int'l Accredited Center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/legal guardian or authorized caregiver, in the case of minor.

Signature: _____

Date: _____

Staff Signature: _____

Date: _____



GAIT TRC's
Background Check Information
(Form 5)



BACKGROUND CHECK INFORMATION:

In order to comply with PA State Law **Act 114 – 24 PS 1-111**, employees and volunteers over the age of 18, who have direct contact and routine interaction with children, are required to obtain the following clearances:

- **PA Child Abuse Clearance-** *fee waived for volunteers*
 - Child Welfare Portal
<https://www.compass.state.pa.us/cwis/public/home>
- **PA State Police Criminal Background Check-** *fee waived for volunteers*
 - Pennsylvania Access To Criminal History (PATCH)
<https://epatch.state.pa.us/Home.jsp>
- **FBI Criminal Background Check-** *reduced fee for volunteers- \$27.50*
 - Cogent, Inc. (Dept. Human Services)
https://www.pa.cogentid.com/index_dpw.htm

All new volunteers are required to obtain the above clearances prior to attending volunteer training. These clearances will expire after 60 months, at which time they will need to be renewed. Copies of all clearances shall be maintained by the agency, are confidential, and may not be released to other individuals.

DISCLOSURE STATEMENT:

I, _____ (print name), affirm that I **Have** **Have Not** been convicted, or pending conviction, of a crime in any state or country. *If yes, please describe:*

I hereby affirm that the information I provide is true and correct. I further affirm that in the event that I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity, or service under the Child Protective Services Law, or am named as a perpetrator in a founded or indicated report, I must provide written notice to GAIT TRC no later than 72 hours after the arrest, conviction, or notification that I have been listed as a perpetrator in the statewide database. I understand that failure to disclose this information is a misdemeanor and shall be subject to discipline up to and including termination or denial of volunteer/ employed position.

Signature: _____

Date: _____

Staff Signature: _____

Date: _____



GAIT TRC's
General Releases Form
(Form 6)



RELEASES:

There are 3 separate releases on this form. Please sign and date for each release separately.

1. LIABILITY RELEASE:

I would like to participate in GAIT TRC's program. I acknowledge the risks and potential for risks of horseback riding or working with or around horses. However, I feel that the possible benefits to me/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legal bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against GAIT TRC, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Staff for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in any GAIT programs.

Signature: _____

Date: _____

2. MEDIA RELEASE: for all promotional materials including (but not limited to) photographs, audio/videos, testimonials for our use on our website or Facebook page and/or for print:

I, _____ (print name), DO DO NOT (check one) consent to and authorize the use and reproduction by GAIT TRC of any and all audio/visual materials taken of me/my son/my daughter/my ward for promotional material, education activities, website, or for any other use for the benefit of the program.

Signature: _____

Date: _____

3. AUTHORIZATION FOR GAIT TRC TO HAVE A BACKGROUND CHECK:

I, _____ (print name), authorize GAIT TRC to receive 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 that I expressly DO NOT authorize the PATH Int'l center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Current Driver's License: No Yes License Number: _____ State: _____

Signature: _____

Date: _____