



GAIT EQUINE ASSISTED SERVICES

PO Box 69 Milford, PA 18337
(Phone) 570-409-1140 (Email) volunteer@gaittrc.org
(Web) www.gaittrc.org



Volunteer/ Staff Application Forms

Please complete and sign the enclosed forms. *All forms must be signed by parent/ legal guardian/ caregiver if under the age of 18.* **These forms are valid for the current year only, and must be updated each year.** Event calendars and application forms are available via GAIT's website at gaittrc.org

POLICIES OF GAIT EAS

In order to provide the safest conditions possible and quality services, we ask that all staff and volunteers adhere to GAIT's policies. Please review the following policies and sign all necessary forms. If you have any questions regarding this packet, please contact our office.

I. Volunteer Requirements & Safety Guidelines

Please review the Volunteer Training Manual (available at orientation training/ upon request) for a complete outline of GAIT's policies, emergency procedures, and safety guidelines

- GAIT requires all volunteers/ staff to update forms and attend one Volunteer Training annually
- Minimum age is 12 years old; anyone over the age of 18 is required by PA law to obtain clearances prior to working with participants (*see Form 5*)
- No smoking anywhere on the property
- Please do not enter the barn or interact with horses without a PATH Intl. Instructor/ ES present
- For your safety, please refrain from climbing/ sitting on fences or gates
- Please read and adhere to GAIT's Confidentiality Policy (*see Form 4*)
- GAIT EAS follows CDC guidelines and State/ Federal regulations. Please note that barn environments are unique and may not be possible to fully disinfect every item or equipment. Individuals who are sick should be encouraged to stay home and maintain distance from others

II. Attendance & Class Cancellations

- Upcoming events/ session schedule will be communicated via email (*please check spam folder*)
- Please arrive 15-30 minutes prior to class time (*1 hour for groomers*) and plan to commit to an entire session if possible. If you are unable to come during your usual day/ time, please notify us
- GAIT EAS remains open during most holidays. In the event of bad weather, classes will resume inside the indoor arena. Cancellations will only be made in the event of an emergency. If you have not received any updates and are unsure about the schedule, please contact the office
- Off street parking lot available near entrance. Accessible parking is reserved for participants

III. Attire

- Dress appropriately for outdoor weather conditions and barn work
- Please wear boots (*no steel toe*) or sneakers. Open toed shoes, sandals, or crocs are not permitted
- Please wear long pants and t-shirts (*no tank tops or inappropriate logos*)
- Tuck scarves/ jewelry into clothing to prevent being snagged on equipment
- Please avoid ponchos, noisy clothing (ex: swishy pants), or baggy pants



Contact Information and Health History

(Form 1)



I. Contact Information:

Volunteer/Staff Name: _____ DOB: _____ Age: _____
Mailing Address: _____ City _____ ST _____ ZIP _____
Employer/School: _____ Email: _____
Phone: (Home) _____ (Cell) _____ (Work) _____

Preferred Method of Contact: Home Phone Cell Phone Work Phone Email

For communication purposes, please be sure to notify GAIT of any changes to contact information ASAP

Would like your email to be added to GAIT's newsletter?: Yes No

("NO"- you will only receive emails in regards to session updates and volunteer trainings. You will not receive emails about GAIT's newsletter, events, or fundraisers. You can opt out at any time)

PARENT/LEGAL GUARDIAN NAME AND ADDRESS (IF UNDER 18):

Name: _____ Email: _____
Primary Phone: _____ Alternate Phone: _____

II. Health History:

Responsibilities may include communicating with others, following directions, walking for extended periods of time on uneven terrain, jogging short distances, working in hot/cold conditions, lifting, working around large animals, and working with participants with mild to severe special needs.

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 EAS 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 EAS's programs.

Volunteer/ Guardian Signature: _____

Date: _____



Volunteer/ Staff Information and Opportunities

(Form 2)



I. Personal Information:

Please indicate if you are a: **New Volunteer** **Returning Volunteer** **Staff**

- What year did you start working/ volunteering at GAIT EAS? _____
- If you are a returning volunteer, what level of training have you currently earned at GAIT EAS?
New volunteers are an automatic LEVEL 1 status _____
(Level 1= Side-Aide, Level 2=Groomer, Level 3=Leader, Level 4= Mounter, Level 5=PATH Certified Instructor)
- How did you learn about GAIT EQUINE ASSISTED SERVICES? _____

- Do you have any horse experience? **No** **Yes** If yes, please describe: _____

- Do you have any experience working with individuals with special needs? **No** **Yes**
If yes, please describe: _____

- What other skills/ interests do you have? _____

II. Volunteer Opportunities

Please check any areas that you would be interested in being of assistance:

Program

- Side-walking with a Participant
- Horse Handling
- Landscaping/ Gardening
- Off- Horse Activities

Special Events

- Fundraising events
- Volunteer "Barn Day"
- Horses' Birthday Party
- Educational Workshops

Administration

- Mailings
- Flyer Distribution
- Volunteer Recruitment
- Photography/Video

VOLUNTEER AVAILABILITY:

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

- Wednesday **PM** Thursday **PM** Saturday **AM** 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 EAS, I authorize GAIT 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 Equine Assisted Services

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 EAS's Confidentiality Policy (Form 4)



Volunteers under the age of 18 must have their parent/ legal guardian sign this page and ensure 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 EAS shall preserve the right of confidentiality of all individuals in its programs, including volunteers and staff
- II.** The volunteers and staff of GAIT EAS 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 EAS shall keep confidential names/ diagnoses of participants as well as any incidents involving participants, volunteers, staff, or horses
- IV.** Anyone who works, volunteers, or provides services for GAIT EAS shall be bound by this policy. This includes but is not limited to:
 - Full and part-time staff
 - Independent contractors
 - Temporary employees
 - Volunteers
 - Interns/ Mentees
 - Board Members/ Advisory Council
 - Workshop participants
- V.** As a general rule, 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 PATH 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 EAS. I understand that all information (*written and verbal*) about participants at this PATH Intl. Premier 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.

Volunteer/ Guardian Signature: _____

Date: _____

Staff Signature: _____

Date: _____



PA State Background Check Requirements

(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- \$22.60*
 - Identogo
<https://uenroll.identogo.com> *service code required to schedule an appointment: **1KG6ZJ***

All new volunteers are required to obtain the above clearances prior to volunteering during a class. 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 EAS 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.

Volunteer/ Guardian Signature: _____

Date: _____

Staff Signature: _____

Date: _____



GAIT EAS's General Release Forms (Form 6)



RELEASES:

There are 2 separate releases on this form. Please print name/sign and date for each section

1. **LIABILITY RELEASE:**

I would like to participate in GAIT EAS'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 EAS, 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.

Volunteer/ Guardian Signature: _____

Date: _____

2. MEDIA RELEASE: *for all promotional materials including (but not limited to) photographs, audio/videos, testimonials for our use on GAIT's and PATH Intl.'s website, social media sites, and/or for print:*

I, _____ (print name), (check one) DO or DO NOT hereby consent to and authorize the use and reproduction by GAIT EAS and PATH Intl. of any and all audio/visual materials taken of me/my son/my daughter/my ward for promotional printed materials, website, social media sites, education activities and exhibitions or for any other use for the benefit of GAIT EAS, PATH Intl., and equine-assisted services.

Volunteer/ Guardian Signature: _____

Date: _____