



Therapeutic Horsemanship

## VICTORY HILL THERAPEUTIC HORSEMANSHIP

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[victoryhillth.org](http://victoryhillth.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.* Additional application forms are available via Victory Hill TH's website at [victoryhillth.org](http://victoryhillth.org).

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### Policies of Victory Hill Therapeutic Horsemanship

In order to provide the safest conditions and highest quality services possible, we ask that all staff and volunteers adhere to our 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

- All volunteers and staff are required to update these forms and attend one Safety & Orientation Training each year
- Minimum age for volunteers is 12 years old. volunteers/ staff over 18 are required by NY law to obtain required background checks prior to assisting participants during class (*see Form 5*)
- Absolutely NO smoking anywhere on the property.
- Please do not enter the barn, paddocks or interact with horses without the supervision/ permission of a PATH Certified Instructor. Only authorized personnel are permitted in the barn or paddocks without additional supervision.
- Please do not hand feed or walk behind horses.
- For your safety, please refrain from climbing or sitting on fences or gates.
- Please read and adhere to Victory Hill TH's Confidentiality Policy (*see Form 4*).
- Volunteer and employee parking is in the field next to the driveway and can be accessed from the paved main driveway. Accessible parking in the paved driveway is reserved for participants first.

#### II. Attendance & Class Cancellations

- The majority of assistance needed from volunteers is during therapeutic riding lessons. Please check VHTH's event calendar/ class schedule for upcoming dates/ class times. These may change with each 7 weeks session.
- Please arrive 15-30 minutes prior to class (*1 hour for groomers*) and plan to commit to an entire session if possible. If you are unable to commit to a particular day/ time, or are unable to come during your usual schedule, please notify the Volunteer Coordinator.
- In the event of bad weather, classes will resume inside the barn area. Cancellations for regularly scheduled classes will only be made in the event of an emergency. If you are unsure, please call ahead: 914-263-2531

#### III. Attire

- Dress appropriately for outdoor weather conditions and barn work.
- No open toed shoes or sandals. Please wear boots or sneakers.
- Please wear long pants or modest shorts and t-shirts (*no inappropriate graphics*)
- Tuck scarves/ jewelry into clothing to prevent being snagged on equipment.
- Please do not wear "noisy" or dangling jewelry or clothing (ex: clinking bracelets or "swishy" pants).



## Contact Information and Health History (Form 1)



### I. Contact Information:

Volunteer/Staff Full Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Employer/School: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

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

*VHTH is paperless! Please provide a current email address to receive info on events and important notifications. For communication purposes, please be sure to notify VHTH of any changes to contact information ASAP.*

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### 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 whose special needs may range from mild to severe 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 or surgeries or other lifestyle changes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*VHTH 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 VHTH 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 Victory Hill TH's programs.***

**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 VHTH? \_\_\_\_\_
- If you are a returning volunteer, what level of training have you currently earned at VHTH?

***New volunteers are an automatic LEVEL 1 status*** \_\_\_\_\_  
(Level 1= Side-Walker, Level 2=Groomer, Level 3=Leader, Level 4= Mounter, Level 5=PATH Certified Instructor)

- How did you learn about Victory Hill Therapeutic Horsemanship? \_\_\_\_\_  
\_\_\_\_\_

- 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 do you have? \_\_\_\_\_  
\_\_\_\_\_

### II. Volunteer Opportunities

Please check any areas where you would be interested in volunteering:

- | <u><b>Program</b></u>                                | <u><b>Special Events</b></u>                    | <u><b>Administration</b></u>                   |
|--|---|--|
| <input type="checkbox"/> Side-walking with a Student | <input type="checkbox"/> Fundraising            | <input type="checkbox"/> Social Media/Web      |
| <input type="checkbox"/> Horse Handling              | <input type="checkbox"/> Annual Event           | <input type="checkbox"/> Mailings              |
| <input type="checkbox"/> Landscaping/ Gardening      | <input type="checkbox"/> Volunteer "Barn Day"   | <input type="checkbox"/> Flyer Distribution    |
| <input type="checkbox"/> Facility Repairs            | <input type="checkbox"/> Horses' Birthday Party | <input type="checkbox"/> Volunteer Recruitment |
| <input type="checkbox"/> Special Activities          | <input type="checkbox"/> Educational Workshops  | <input type="checkbox"/> Photography/Video     |

### ***VOLUNTEER AVAILABILITY:***

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

- ☐ Monday **AM/PM** ☐ Tuesday **AM/PM** ☐ Wednesday **AM/PM** ☐ Thursday **AM/PM** ☐ Saturday **AM**
- ☐ Flexible Other: \_\_\_\_\_



Therapeutic Horsemanship

## 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 Victory Hill TH, I authorize Victory Hill TH 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. Please choose one of the following options:

#### ☐ **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 emergency contact above is unable to be reached.

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

OR

#### ☐ **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 Victory Hill Therapeutic Horsemanship.

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)



# Victory Hill Therapeutic Horsemanship'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. Victory Hill Therapeutic Horsemanship shall preserve the right of confidentiality of all individuals in its programs, including volunteers and staff.
- II. The volunteers and staff of Victory Hill TH shall keep confidential all medical, social, referral, personal and financial information regarding a person and his/her family.
- III. The volunteers and staff of Victory Hill TH 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 Victory Hill TH 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
  - ITs and ESMHL Candidates
- 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 Victory Hill TH's PATH Certified Instructors or to the Executive Director, who will then follow Victory Hill TH's protocol.
- VII. Penalties that can result from breaching confidentiality may include reprimand, loss of certain job responsibilities or termination.

## Statement of Confidentiality

I have read and will observe the above Confidentiality Policy of Victory Hill TH. I understand that all information (*written and verbal*) about participants in this program 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:** \_\_\_\_\_



# NY State Background Check Requirements (Form 5)



## Background Check Information:

In order to comply with NY State guidelines, employees and volunteers over the age of 18, who have direct contact and routine interaction with children, are required to obtain the following clearances:

- **NY State Sex Offender Registry** will be contacted on your behalf. Please supply your Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

These clearances will expire after 5 years, 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 Victory Hill Therapeutic Horsemanship 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:** \_\_\_\_\_



Victory Hill Therapeutic Horsemanship  
General Release Forms  
(Form 6)



**RELEASES:**

**\*\*There are 3 separate releases on this form. Please print name/sign and date for each section.\*\***

**1. LIABILITY RELEASE:**

I would like to participate in Victory Hill TH's programs. I acknowledge the risks and potential for risks of horseback riding or working with or around horses and farm animals. 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 legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Victory Hill TH, its Board of Directors, Instructors, Therapists, Aides, Independent Contractors, Volunteers and/or Staff, as well as the land/property/animal owners for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in any of Victory Hill Therapeutic Horsemanship's 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 Victory Hill TH 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 VICTORY HILL TH TO CONDUCT A BACKGROUND CHECK:**

I, \_\_\_\_\_ (print name), authorize Victory Hill TH 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 Victory Hill TH, 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: \_\_\_\_\_