

Health History Please describe your current health status, including any specific physical limitation which would hinder your assistance in this program: _____

CAN YOU:	
Walk for 60 minutes without fatigue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jog for short distances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hold your arms above shoulder height and support a modest weight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have experience with horses?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Describe) _____
Are you CPR/First Aid Certified? Yes / No Certification Expires: _____	

SUNCATCHER VOLUNTEER MEDICAL RELEASE FORM

Authorization for Emergency Medical Treatment

I hereby give permission for the person as named below, that in the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering/working, or while being on the property of the agency, I authorize SunCatcher 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.

Volunteer/Staff Name _____ Phone _____
 Address _____

Please list two people who may be contacted in case of emergency.

Name _____ Phone _____
 Name _____ Phone _____

Physician's Name _____
 Preferred Medical Facility _____
 Health Insurance Co _____ Policy # _____

Check one option below.

_____ **Consent Plan:** This authorization includes x-ray, surgery, hospitalization medication and any treatment procedure deemed "lifesaving" by the physician. This provision will be invoked only if the person(s) listed as guardian or emergency contacts is (are) unable to be reached.

Signature required: _____

_____ **Non- Consent Plan:** 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 the agency. In the event emergency treatment/aid is required. I wish the following procedures to take place.

Signature of self or legal guardian _____ date _____

SUNCATCHER VOLUNTEER RELEASE FORMS

Name _____

Publicity Release: I hereby **(CIRCLE ONE)** **do consent/do not consent** to give permission for SunCatcher to use any photographs or audio/visual materials for promotion, education, publication or exhibition for the purposes of conveying information concerning the above named person and/or SunCatcher Therapeutic Riding Academy, Inc.

Signature of self or legal guardian

date

Liability Release: I acknowledge the risks and potential risks of horseback riding, unmounted equine activities, driving, vaulting and other equine events. However, I feel that the possible benefits to the participant and to myself as a volunteer/staff member, are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heir and assigns, executors or administrators, waive and release forever all claims for damages against SunCatcher Therapeutic Riding Academy, Inc., its Board of Directors, staff, consultants and volunteers but not limited thereto, for any and all injuries and/or losses which may be sustained while volunteering with SunCatcher TRA.

Signature of self or legal guardian

date

Background Information

Have you ever been charged with or convicted of a crime? ____ No ____ Yes, please explain _____

I, _____ (volunteer/staff), authorize SunCatcher Therapeutic Riding Academy, Inc. to receive information from any law enforcement agency, including police departments and sheriff's departments, of the state or any other state or federal government, to the extent permitted by state and federal laws, 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.

I understand that such access is for the purpose of considering my application as a volunteer/employee, and that I expressly DO NOT authorize SunCatcher Therapeutic Riding Academy, Inc., its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature of volunteer/staff or parent/ legal guardian if underage

date

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

NAME: _____

SUNCATCHER CONFIDENTIALITY OF INFORMATION

All information which volunteers or staff may see or hear, directly or indirectly, concerning a participant or another professional or fellow worker with SunCatcher Therapeutic Riding Academy, Inc., must be considered confidential. Even the presence of a visitor or relative of the participant is confidential information. Volunteers/staff should never discuss a participant's affairs in the presence of those not officially concerned with the information. **The privacy and rights of our participants cannot be over-emphasized.**

Reasons for participation, diagnosis, and treatment of the participant are **absolutely confidential** and must be respected. To engage in such discussion is a breach of privacy. A release of information is signed by the participant or the participant's legal guardian and is maintained in the participant's file. This signed release is required prior to the release of any information to an outside agency or individual.

As a Volunteer/Staff Member of SunCatcher Therapeutic Riding Academy, I understand and agree to safeguard all participants' information.

Signature _____ Date _____
(volunteer/staff signature)

Please check the following:

- I declare that all information I have provided is accurate to the best of my knowledge.
- I know of no reason why I should not participate as a volunteer in the SunCatcher Therapeutic Riding Academy, Inc. program.
- I have received the SunCatcher Code of Ethics, and agree to follow all rules and protocols listed therein.

Signature _____ Date _____
(volunteer/staff signature)

Signature _____ Date _____
(Legal Guardian – if applicable)

If under 18, Legal Guardian Name: _____ Relation: _____

Legal Guardian Address: _____ Phone: _____

SunCatcher Therapeutic Riding Academy Code of Ethics

Cleanliness and Appropriate Attire: All SunCatcher staff, volunteers, and participants will strive for clean and safe attire for all activities. Long hair will be tied back; clothing should protect from sun and bugs, provide comfort, and give a tidy appearance. Boots or closed-toed shoes must always be worn when around horses. SunCatcher Logo Shirts should be worn at all Events. (Inappropriate attire: sandals, revealing tops, baggy or ill-fitting pants, short shorts, offensive logos or language).

Youth Volunteers/Staff: Due to safety and insurance standards, all persons under 18 years of age who are working directly with horses (grooming, leading/handling, stall/arena maintenance) will wear helmets (buckled securely) at all times.

Professional Presentation: SunCatcher staff, volunteers, and participants will use respectful, appropriate language (NO Profanity) at ALL times when representing SunCatcher – at sessions, activities, events, as well as within the community and while working at the facility. Respect and compassion for others should be evident in our conduct at all times. Abusive language, disrespectful comments, sexual harassment, or threatening physical movements will NOT be tolerated. Proper horsemanship will be demonstrated at all times.

Confidentiality: It is of the utmost importance that the names of participants are never used outside of their session. Services for all participants are provided with one hundred percent confidentiality. If asked by someone about a specific person, respectfully explain that you cannot say. Always practice the Posted Rules of HIPAA. No photos or social media postings will be made without approval by Executive Director or Board of Directors.

Dependability: Being dependable and timely for all activities and sessions for which you have committed your time is imperative, and shows respect for all involved.

Safety: The safety of all participants, volunteers, staff and horses is always our first concern. Your full attention, physically and mentally, must be given while involved in a therapeutic horsemanship session. For safety reasons, we do not allow the use of cell phones during sessions/events or any handling of horses. If you must make a call, plan to do it during the break time, which is after all horses are ready for the next session. Phones should be on silent, and outside of the arena. **Staff will be allowed phone on silent in arena for emergency use only.

***As a Staff/Volunteer/Parent/Participant of SunCatcher TRA, I understand the SunCatcher Code of Ethics and agree to follow it at all times. I understand that failure to do so will result in loss of my right to participate in any capacity with SunCatcher Therapeutic Riding Academy. I also understand that I am responsible for ensuring that any visitor I bring to the property or events abides by this Code of Ethics. Thank you for your cooperation and participation!**

PRINTED

NAME: _____ SIGNATURE: _____ DATE: _____