



Fresh Steps EAP, Inc.
Equine Assisted Psychotherapy Services, Therapeutic Riding
 6515 Green Meadow Drive, Helena, MT 59602
 406.558.4743 or fax 406.204.4518

Therapeutic Riding Assistant – Volunteer Application

Name: _____

Address: _____

Home: _____ Work: _____ Cell: _____ Other: _____

Email: _____ Date of Birth: _____

Please, briefly describe your experience with horses:

Have you participated as a NARHA volunteer before? If so, please give approximate dates and locations:

Describe any work you have done with persons with physical or mental health issues:

Do you have anyone you would like to contact who may be interested in our services or volunteer opportunities?
 Please provide their name and phone number or email address:

I am interested in volunteering for (Please select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Therapeutic riding sessions
<input type="checkbox"/> Facility maintenance
<input type="checkbox"/> Manure cleanup
<input type="checkbox"/> Cleaning tack (equipment used in sessions)
<input type="checkbox"/> Organizing tack
<input type="checkbox"/> Feeding (hay/grain)
<input type="checkbox"/> Turning out and bringing in horses (in pasture) | <input type="checkbox"/> Fence/Gates installation and/or maintenance
<input type="checkbox"/> Grooming horses
<input type="checkbox"/> Putting up hay (end of summer)
<input type="checkbox"/> Grounds maintenance (planting, flowers, grass)
<input type="checkbox"/> Hanging up posters or notices
<input type="checkbox"/> Putting together packets for new participants
<input type="checkbox"/> Other (please explain): |
|---|--|

I am available to volunteer (mark all times that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10:00							
11:00							
12:00							
1:00							
2:00							
3:00							
4:00							
5:00							
6:00							
7:00							
8:00							

**Please use the reverse of this page or add additional sheets if needed.
 Thank you! We look forward to working with you!**

Release for Background Check

The Child and Family Services Division (CFSD) is a part of the Montana Department of Public Health and Human Services. Its mission is to keep Montana's children safe and families strong.

The division provides state and federally mandated protective services to children who are abused, neglected, or abandoned. This includes receiving and investigating reports of child abuse and neglect, working to prevent domestic violence, helping families to stay together or reunite, and finding placements in foster or adoptive homes.

**To report a possible case
of child abuse or neglect,
call toll-free 1-866-820-5437.**

Although Montana State law does not require us to perform background checks on our volunteers, we feel that it is our responsibility to protect the public to the best of our abilities. Licensed persons who work with children in any capacity are considered Mandatory Reporters, meaning that they must report any suspicion of abuse to the child abuse hotline. If you are a witness to any abuse, or a child, adult, disabled, or elderly person reports abuse to you, we ask that you make a written statement of what you have seen or heard. Please report this information to your immediate supervisor or Fresh Steps Employee immediately. You may make your report on your own, you may submit your statement to us to assist us in reporting, or you may participate in the process of reporting with us.

At times, children say things that aren't true, but it is our policy to take every report of abuse or threat to harm oneself or another seriously. If you are uncomfortable with a conversation, PLEASE, get an employee to assist you. We do not expect you to solve problems for families, get involved personally, or make a judgment on what you see or hear.

Please fill out the following information:

Name (Last, First, Middle): _____

Aliases (or Maiden Name): _____

Address: _____

Social Security Number: _____

Date of Birth: _____

By signing below, I agree to have Fresh Steps EAP, Inc. use my information to use my fingerprints for a background check. I also understand that this information is not to be used for any other purpose other than the determination of qualification for employment or volunteerism, and will not be sold or distributed to anyone for any reason.

Signature

Date

Witness

Date

Professionals Required to Report

Citation: MT Ann. Code § 41-3-201

Professionals required to report include:

- Physicians, residents, interns, members of hospital staffs, nurses, osteopaths, chiropractors, podiatrists, medical examiners, coroners, dentists, optometrists, or any other health professionals
- School teachers, other school officials, employees who work during regular school hours, operators or employees of any registered or licensed daycare or substitute care facility, or any other operators or employees of child care facilities
- Mental health professionals or social workers
- Religious healers
- Foster care, residential, or institutional workers
- Members of clergy, as defined in § 15-6-2-1(2)(a): The term "clergy" means:
 - An ordained minister, priest, or rabbi
 - A commissioned or licensed minister of a church or church denomination that ordains ministers if the person has the authority to perform substantially all the religious duties of the church or denomination
 - A member of a religious order who has taken a vow of poverty
 - A Christian Science practitioner
- Guardians *ad litem* or court-appointed advocates authorized to investigate a report
- Peace officers or other law enforcement officials

Reporting by Other Persons

Citation: MT Ann. Code § 41-3-201

Any other person who knows or has reasonable cause to suspect that a child is abused or neglected may report.



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Authorization for Emergency Medical Treatment

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Medical Facility: _____

Health Insurance Co: _____ Policy #: _____

Allergies to Medications: _____

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 illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Fresh Steps EAP, LLC to:

1. Secure and retain medical treatment and transportation if needed; and
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 "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Consent Signature: _____ Date: _____

Client, Parent or Legal Guardian

Signed in the presence of program personnel

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:

Consent Signature: _____ Date: _____

Client, Parent or Legal Guardian

Signed in the presence of program personnel



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Adult Participant Release of Liability Agreement

I, (participant) _____ for and in consideration of the agreement of Fresh Steps EAP, INC., to provide Volunteer Work in Animal Assisted Activities/Animal Assisted Therapy or other duties, myself, do hereby forever release, acquit, discharge and hold harmless Fresh Steps EAP, INC., its officers, trustees, agents, employees, representatives, successors and assigns, for all manner of claims, demands, and damages of every kind and nature whatsoever, which the undersigned may now, or in the future, have against Fresh Steps EAP, INC., its officers trustees, agents, employees, representatives, successors or assigns on account of any personal injuries, physical or mental condition, known or unknown, to the undersigned and the treatment therefor as a result of, or in any way growing out of, the acts of Fresh Steps EAP, INC., its officers, trustees, agents, employees, representatives, successors or assigns, including but not limited to, their negligence or gross negligence, in rendering the services above described or in any way incidental thereto.

UNDER MONTANA LAW, AN EQUINE ACTIVITY SPONSOR IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES THAT ARE OBVIOUS AND NECESSARY. PURSUANT TO SEC. 3, CH. 119, L. 1993. 27-1-727 OF THE MONTANA STATE CODE.

Signature of Participant

Date

Signature of Program Personnel

Date

PHOTO & PUBLICITY RELEASE (Optional): I hereby consent to and authorize the Fresh Steps EAP, Inc. to use my/my child's/my ward's name in all audio, visual and written promotional material and to use and/or reproduce any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program.

Date _____

Participant's Signature _____

(or signature of parent/guardian if participant is under age 18)



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HORSE RELATED ACTIVITIES COME WITH THIS WARNING

SECTION A. Protective Attire

1. I am hereby advised to always wear hard-soled, fully enclosed shoes or boots and socks to protect feet and long pants to protect legs while working around or interacting with horses.

SECTION B. The Nature and Physical Character of the Horse

Domesticated, well-trained horses are usually obedient, docile and affectionate.

However, it is important to understand that their survival instincts are what have allowed the horse to survive from prehistoric times to the present day.

1. I am advised that horses are unpredictable by nature, with minds of their own, as are all animals both domestic and wild. The horse is often somewhat high strung or nervous by nature. Horses are extremely strong and physically powerful.

Horses are extremely heavy weighing from 600 to 1300 pounds on the average.

These characteristics deserve a human being's utmost respect.

2. I am advised that when a horse is frightened, angry, under stress or feels threatened, it is the horse's instinct to jump forward or sideways, to run away from danger at a trot or gallop of speeds up to 35 miles per hour.

3. I am advised that if a horse is frightened or feels threatened from behind, the horse may kick straight back, sideways in either direction or even forward with either or both hind legs with tremendous force.

4. I am advised that if a horse is frightened or feels threatened from above or from his/her back, he/she may hunch the back and buck in a way that could throw a rider to the ground with tremendous force. A fall from a horse will usually be from a height of 3 to 6 feet.

5. I am advised that if a horse is frightened or feels threatened from the front, the natural reaction may be to rear up with both front legs, strike with one or both front legs, bite with teeth, throw the head up or from side to side, or run directly over whatever he/she fears in front of him/her.

6. I am advised that a human must always approach a horse calmly and quietly with caution, preferably to the horse's shoulder or lower neck, talking soothingly to the horse.



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CONFIDENTIALITY POLICY

Fresh Steps EAP, Inc. (Fresh Steps) recognizes the right of participants/riders and their families to have privacy and control over any information that might be personal or sensitive. In order to respect that right, Fresh Steps has adopted the following policy regarding confidentiality.

Those bound by the directives of this policy are ALL persons in any way connected with Fresh Steps, including but not limited to: full and part-time staff, volunteers, board members, temporary employees, independent contractors, and instructor workshop/training/certification participants. Any person violating these policies will be subject to penalties ranging from reprimand to alteration of job responsibilities to termination to legal action.

Information considered to be confidential includes all medical, familial, social, referral, personal, and financial concerns regarding a participant and/or his/her family. Such information is considered confidential regardless of how it is obtained, whether directly from the participant or family, Fresh Steps staff, volunteers or others association with Fresh Steps, or inadvertently from other sources, such as but not limited to a chart, computer screen or overheard conversation.

Consent to disclose information to outside individuals or agencies, including photographs and videotapes, should be obtained in writing from the proper legal representative. Adults age 18 and over with development disabilities are presumed to be competent to give consent unless they have specifically been found incompetent in a court of law. In such a case, a substitute decision-maker would be assigned, and any consent must be obtained from that decision-maker.

I have read and understand the Fresh Steps confidentiality policy as described above and agree to observe its principles.

Date: _____ Name: _____

Signature: _____

Signature of parent or guardian if under 18 years: _____

Volunteer Code of Ethics

As a volunteer representing Fresh Steps EAP, Inc., your conduct and interaction with staff, other volunteers and the public is expected to always be professional and courteous. By volunteering, you are making a commitment to staff, clients and animals to carry out, to the best of your abilities, the tasks you have pledged to perform.

The Volunteer Code of Ethics clarifies the expectations and principals for Fresh Steps EAP, Inc. volunteers. Should a volunteer display unprofessional, dishonest or disrespectful behavior or exhibit a lack of self discipline, the volunteer will be asked to leave the premises. Such behavior could be grounds for termination of volunteer status.

As a Fresh Steps EAP, Inc. Volunteer, I pledge to:

Respect

- Respect others even though I may not agree with them
- Display courtesy, sensitivity, consideration and compassion for people and animals
- Use good judgment in recognizing the scope of authority of staff members

Safety

- Keep safety at the forefront of all volunteer activities
- Follow the rules presented to me in training
- Respect and use equipment and supplies as they are intended
- Report all injuries immediately to a staff person

Quality

- Perform all tasks to the best of my ability
- Ask for help when needed
- Recognize training is essential to maintain safe therapy practices

Self Discipline

- Recognize my limitations and those of others
- Set boundaries for myself – know my limits with the animals and other activities
- Hold myself accountable for the commitments I undertake

Communication

- Recognize that I communicate both verbally and non-verbally
- Listen to the needs of others
- Advise Fresh Steps personnel of relevant information regarding the animals and my involvement at Fresh Steps EAP, Inc.

Commitment

- Recognize that commitment comes from within
- Respect that people and animals count on me to honor my commitments
- Work together with staff and other volunteers to meet Fresh Steps goals

Welfare

- Value my role in the maintenance and growth of the organization
- Strive to promote a positive environment
- Respect and support all people and animals

I am volunteering with Fresh Steps EAP, Inc. at my own risk, and I have read the Fresh Steps EAP, Inc. Volunteer Manual. I understand and agree to adhere by Fresh Steps EAP, Inc. therapy and safety policies and will conduct myself in a manner that will not discriminate against or harass others.

Volunteer

Date