

Volunteer Application

Stoneybrook Foundation Therapeutic Riding Center
260 Mountain Trails Lane
Acme, Pa 15610
Phone: (724) 613-3312

Name: _____ DOB: _____

Address: _____ City/State/Zip _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employer/School: _____

Have you resided outside of Pennsylvania in the last 10 years? _____ yes _____ no (if “no,” please complete disclosure form on last 2 pages)

Parent/Legal Guardian: (if under 18) _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Email: _____

How did you hear about us? _____

Why are you interested in volunteering with us? _____

Describe any previous horse experience: _____

Please check your area(s) of volunteer interest and/or expertise:

Program:

☐ Horse Handling/Leading ☐ Special Events
☐ Side-walking with a student ☐ Fundraisers
☐ Barn Chores
☐ Facility Repairs/Grounds

Administration:

☐ Clerical/Office ☐ Photography/Video
☐ Grant Writing ☐ Social Media/Website
☐ Newsletter ☐ Volunteer Recruitment
☐ Future Planning

Health History: I have visited my personal physician and my physician has determined that I am able to participate as a volunteer in the programs of the Center. My physician has considered my current health status, particularly regarding the physical/emotional demand of working at the Center.

I state that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this Center’s programs.

Signature: _____ Date: _____
(volunteer)

Signature: _____ Date: _____
(parent/legal guardian, if under 18)

Emergency Contact Information

Name: _____ DOB: _____

Physician's Name: _____ Preferred Medical Facility: _____

In the event of an emergency, contact:

Name: _____ Relationship: _____ Phone: _____

Alternative Phone: _____

Name: _____ Relationship: _____ Phone: _____

Alternative Phone: _____

Photo Release

I ☐ DO

I ☐ DO NOT

Consent to and authorize the use and reproduction by Stoneybrook Foundation of any and all photographs and any other audio/visual materials taken of me for promotional materials, educational activities, exhibitions or for any other use for the benefit of the Center, and I give all rights to the photographs to the Center for its use.

Signature: _____ Date: _____

Client, Parent, or Legal Guardian

Clearance Instructions

All volunteers ages 18 and over are required to submit the following background clearances, prior to volunteering:

- 1) PA State Police Criminal Background Check
- 2) PA Child Abuse History Clearance:
- 3) FBI Criminal Background Check (only required if you've lived outside of PA in the past 10 years)

For instructions and links to the websites to order clearances, please visit:

<http://dhs.pa.gov/publications/findaform/childabusehistoryclearanceforms/index.htm>

VOLUNTEER RELEASE AND HOLD HARMLESS AGREEMENT

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Inherent Risks of Equine Activities

Anyone who participates in any kind of activities on or about horses, including riding, training, assisting in medical treatment of horses, driving or being a passenger on a horse, or assisting a participant in a horse show or assisting show management, but does not include merely being a spectator to an equine activity, is considered to be engaged in an equine activity.

Equine activities hold inherent risks, defined by statute to include:

(1) the propensity of horses to behave in ways that may result in injury, harm, or death to persons on or around them; (2) the unpredictability of a horse's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (3) certain hazards such as surface and subsurface conditions; (4) collisions with other horses or objects; (5) the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability.

Acknowledgement of Risk

I, _____, acknowledge that I have read the above statements and definitions, and hereby indemnify and hold harmless STONEYBROOK FOUNDATION, its employees or owners from any liability arising from accident, injury, theft or damages to myself, my representatives and helpers, all equipment and property, and all animals under my jurisdiction. I understand that I must wear a helmet, secured with a harness, at all times when mounted at Stoneybrook Foundation Therapeutic Riding Center. I have been informed of STONEYBROOK FOUNDATION THERAPEUTIC RIDING CENTER's Barn Rules and Policies and Procedures and will adhere to them strictly. This agreement shall continue for each and every visit to STONEYBROOK FOUNDATION's property.

The terms of this release form shall be construed as the entire agreement and may not be altered, amended, or modified except in writing and signed by both parties. The terms of this release shall be governed by the laws of the Commonwealth of Pennsylvania.

If the participant is under 18, the parent or guardian must read the above and sign, indicating his/her acceptance.

Date: _____ Signed: _____

(Participant)

Date: _____ Signed: _____

(Parent/Guardian if minor)

Grant of Permission

I/we the undersigned, (participant above named for, if minor, parents/guardians) hereby grant permission and authority to STONEYBROOK FOUNDATION, its officers and authorized representatives to act for us in executing verbal instructions if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain prompt medical attention for the participant named above in the event of any perceived medical emergency. I hereby covenant and agree to release STONEYBROOK FOUNDATION, its officers, agents and employees and owners of any property concerned, and hold harmless from liability for any injury or damage which the participant may sustain while at STONEYBROOK FOUNDATION THERAPEUTIC RIDING CENTER, or participating in any activity sponsored by STONEYBROOK FOUNDATION, and from any liability connected with obtaining prompt medical attention for the participant named above.

If the participant is under 18, the parent or guardian must read the above and sign, indicating his/her acceptance.

Date: _____ Signed: _____

(Participant)

Date: _____ Signed: _____

(Parent/Guardian if minor)

Confidentiality Policy

Stoneybrook Foundation Therapeutic Riding Center
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Stoneybrook Foundation Therapeutic Riding Center recognizes a legal and ethical obligation to maintain confidentiality of sensitive information it might receive about a rider. Stoneybrook Foundation Therapeutic Riding Center shall preserve the right of confidentiality for all individuals in its program. Staff and volunteers shall keep confidential all medical, social, referral, personal and financial information regarding a person and his/her family. Anyone who works for, volunteers at, provides services to or participates in programs at Stoneybrook Foundation Therapeutic Riding Center is bound to this policy. This confidentiality policy applies to all full- and part-time staff, independent contractors, temporary employees, volunteers, board members, participants and their families, and anyone connected with Stoneybrook Foundation who could obtain this information either accidentally or on purpose. Stoneybrook Foundation will not disclose information to outside agencies or individuals without the consent of the rider and/or parent or legal guardian, except as required by law. Unauthorized disclosures of confidential information will result in dismissal and/or termination from Stoneybrook Foundation.

I understand that all information (written and verbal) about participants at this PATH, Intl. center is confidential and will not be shared with anyone without the express written consent of the participant or their parent/guardian, in the case of a minor, except as required by law. I understand and will observe the confidentiality policy of Stoneybrook Foundation.

Signature

Date

Signature (by parent or guardian, if a minor)

Date

Print Name

DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS
Required by the Child Protective Service Law
23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a clearance through the Federal Bureau of Investigation, as:

- the position I am applying for is unpaid; **and**
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25 (relating to criminal homicide)
Section 2702 (relating to aggravated assault)
Section 2709 (relating to stalking)
Section 2901 (relating to kidnapping)
Section 2902 (relating to unlawful restraint)
Section 3121 (relating to rape)
Section 3122.1 (relating to statutory sexual assault)
Section 3123 (relating to involuntary deviate sexual intercourse)
Section 3124.1 (relating to sexual assault)
Section 3125 (relating to aggravated indecent assault)
Section 3126 (relating to indecent assault)
Section 3127 (relating to indecent exposure)
Section 4302 (relating to incest)
Section 4303 (relating to concealing death of child)
Section 4304 (relating to endangering welfare of children)
Section 4305 (relating to dealing in infant children)
Section 5902(b) (relating to prostitution and related offenses)
Section 5903(c) (d) (relating to obscene and other sexual material and performances)
Section 6301 (relating to corruption of minors)
Section 6312 (relating to sexual abuse of children), or an equivalent crime under
Federal law or the law of another state.

I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if 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 as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not 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 if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current clearances obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of clearances shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my clearances.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Signature: _____ Date: _____

Printed Name: _____

Witness Signature: _____ Date: _____