



HeadWinds Therapeutic Horsemanship Volunteer Packet

PATH Int. standards outline training session requirements for volunteers. Most require one or more mandatory training sessions. A volunteer training session may consist of:

- Orientation to the facility, its programs, and equine assisted activities in general
- Volunteer responsibilities
- Emergency procedures
- Confidentiality issues
- Safety rules and regulations
- Introduction to types of disabilities seen in the program

Training sessions are diverse and may consist of the following:

- Explanation of the structure and objectives of the Center's programs
- Discussions on the participants with disabilities served by your Center
- Tour of the facilities, including the parking area, rest rooms, tack room, stable, arena, telephone, first aid and lights.
- Introductions of staff members who will be interacting with the volunteers
- Explanation of equipment
- Safety issues such as how to avoid blood borne pathogens and other possible infections when working at the center
- Explanation and demonstration of horse handling, grooming and tying quick-release knots
- Explanation and demonstration of handling techniques for participants, for example during mounting and dismounting
- Use of role-play techniques to illustrate what to do in the following situations:
 - a. Arrival and departure of participants
 - b. Inside the stable area
 - c. Mounting and dismounting procedures
 - d. Elaboration on the differing roles of the side-walkers and leaders
 - e. Practice exercises and games
 - f. Confidentiality policies
 - g. Appropriate verbal and physical interaction with riders

You may be asked to watch a lesson demonstration.

Safety first. You will need to walk easily through loose footing, mud and manure. Working in close range to horses can result in getting feet stepped on. Closed shoes are a must. Consider boots. Sandals or clogs do not comply with PATH Int. standards. Pants that fall down are a hazard. You'll need both hands to help a rider. Minimize jewelry and you'll appreciate missing the experience of having inquisitive hands reach down to tug your earring. Dress for the weather and know where you'll be working. In the winter, only a lucky few ride in heated arenas. In the blazing summer sun, an indoor arena may seem like a blessing, but you'll still be hot. Bring a water bottle. Wear a hat and sunscreen if you are outside and want relief from the sun. Leave expensive jewelry or precious stones that could be lost in the arena at home.

Volunteer Job Description Worksheet

Name: _____

Address / phone _____

General Description of Interests:

Specific Job Skills and Goals:

Conditions of Assignment (Times and dates available):

Qualifications, Training and Preparation for Assignment (list prior knowledge, skill and certifications):

Volunteer/Staff Information Form and Health History

General Information

Name: _____

Date: _____

Address: _____

Date of Birth: _____ Phone: (H) _____ (W) _____

Employer/School: _____

Address: _____

Parent/Legal Guardian/Caregiver Name/Address/Phone Number: _____

How did you learn about the program? _____

Recent medical tests: _____ Last Tetanus Shot: _____ Tuberculosis Test + —

Date: _____

(Consult your physician or local health department if you are not up to date with these shots/tests)

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies: _____

Medications: _____

Check areas in which you are interested:

- | <u>Program</u> | <u>Special Events</u> | <u>Administration</u> | |
|---|---|--|---|
| <input type="checkbox"/> Horse Handling | <input type="checkbox"/> Horse Show | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Photography/Video |
| <input type="checkbox"/> Sidewalking with a Student | | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Grant Writing ___ <input type="checkbox"/> |
| Budget & Finance | | | |
| <input type="checkbox"/> Stable Management | <input type="checkbox"/> Special Olympics | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Future Planning |
| <input type="checkbox"/> Facility Repairs | <input type="checkbox"/> Trail Rides | <input type="checkbox"/> Volunteer Recruitment | |

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 this center's program.

Signature: _____

Date: _____

(volunteer/staff/caregiver; signed in presence of center staff)

Volunteer/Staff Information Form and Health History -

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Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Photo Release

I DO DO NOT

consent to and authorize the use and reproduction by HeadWinds Therapeutic Horsemanship of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Background Information

Have you ever been charged with or convicted of a crime? Y N Please explain _____

I, _____ (volunteer/staff), authorize _____ 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 I expressly DO NOT authorize the NARHA center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____

Date: _____

(volunteer/staff)

CURRENT DRIVER'S LICENSE Y N LICENSE NUMBER _____ STATE _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this NARHA center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____

Date: _____

(volunteer/staff)

Authorization for Emergency Medical Treatment Form

__ Participant __ Staff __ Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy # _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan

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 _____ to:

(Center's Name)

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.

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

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian
Signed in presence of center staff

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.

Parent or legal guardian will remain on site at all times during equine assisted activities.

In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Non-Consent Signature: _____

Client, Parent or Legal Guardian
Signed in presence of center staff

PATH Intl. Code of Ethics

Approved by PATH Intl. Board of Trustees October 21, 2010

Preamble

PATH Intl.'s Code of Ethics sets forth ethical principles for all PATH Intl. members which includes individuals and centers and is binding on all staff. Centers are obligated to insure that all staff, professionals, and volunteers comply with this code. While each of the following codes will apply to all members, the applicability of each code may be determined by the role of the member and the setting.

The practice and preservation of the highest standards of ethical principles and integrity are vital for the responsible implementation of obligations, activities and services provided by PATH Intl. members and centers. All members and centers are responsible for maintaining and promoting these ethical practices. The PATH Intl. Code of Ethics is intended to be used as a guide for promoting and maintaining the highest standards of ethical practice, personal behavior and professional integrity.

The guidelines expressed in the code are not to be considered all-inclusive of situations that could evolve under a specific principle, nor is the failure to specify any particular responsibility or practice a denial of the existence of such responsibilities or practices. The guidelines are specific statements of minimally acceptable conduct or of prohibitions applicable to all members and centers. PATH Intl.'s Code of Ethics is designed to be appended to such other codes as may be applicable (such as: medicine, psychology, nursing, social work, etc.).

In recognition of the responsibility inherent in the delivery of services provided by equine-assisted activities and therapies, PATH Intl. asks all members and center personnel to subscribe to the following to the extent permitted by law:

Principle 1

The member respects the rights, dignity and well-being of all individuals (human and equine) and promotes well-being for all involved.

Guidelines:

- 1.1 The member shall promote a holistic awareness of body, mind, and spirit in equine activities and therapies for all involved.
- 1.2 The member shall be responsive to, and mutually supportive of, the individuals served including families, colleagues and associates.
- 1.3 The member shall respect the unique nature of each individual and shall be tolerant of, and responsive to, differences. The member shall not discriminate based on age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition or disability.
- 1.4 The member shall follow equal employment opportunity practices in hiring, assigning, promoting, discharging and compensating staff.
- 1.5 The member shall maintain in professional confidence participant, volunteer, and staff information, observations or evaluations and shall adhere to all legal requirements.
- 1.6 The member, in community settings, shall use caution in forming dual or multiple relationships with participants or former participants where there is a risk of a conflict of interest. The member, in clinical treatment settings, shall avoid dual relationships when possible. In situations where dual relationships are unavoidable, the member shall be responsible for setting clear, appropriate and sensitive boundaries.
- 1.7 The member will understand the sensitive nature of physical touch and use it with caution.

Principle 2

The member accepts responsibility for the exercise of sound judgment and professional competence.

Guidelines:

- 2.1 The member shall accurately represent his/her level of expertise, experience, education and actual practice and provide service only to those individuals he/she can competently serve.
- 2.2 The member shall engage in sound business, employment and administrative practices.
- 2.4 The member shall engage in continued personal growth, continuing relevant education and professional skill development.
- 2.5 The member shall recognize and take appropriate action to remedy personal problems and limitations that might cause harm to recipients of service, colleagues or others.

- 2.6 The member shall demonstrate objectivity and fairness by interacting with individuals in an impartial manner.
- 2.7 The member shall accept responsibility for the exercise of sound judgement when interacting with individuals and animals.
- 2.8 The member shall demonstrate openness to, and respect for, other colleagues and professionals.

Principle 3

The member shall respect the integrity and well-being of program equines and animals whether owned, leased or borrowed.

Guidelines:

- 3.1 The member shall recognize and respect the individual character, nature, and physical attributes of each program equine.
- 3.2 The member shall encourage safe and respectful human and equine interactions, placing equines in activities suited to their temperament and physical ability.
- 3.3 The member shall support the highest standard of care, maintenance and selection for each program equine, understanding and responding to the equine's need for socialization, play, turnout, time off and retirement.
- 3.4 When equines are borrowed or leased, the same high standards of equine respect, care and maintenance apply.
- 3.5 The member shall cultivate a barn and practice environment that supports personal and professional development and is compliant with PATH Intl. standards.

Principle 4

The member shall be truthful and fair in representing him or herself and other members or centers.

Guidelines:

- 4.1 The member shall be responsible for providing each participant with accurate information regarding programs, services, professional training and credentials, as well as possible benefits, outcomes, expected activities, risks and limitations of the service or program.
- 4.2 The member shall meet commitments to participants, colleagues, equines, agencies, the equine-assisted activities and therapies community and the community at large.
- 4.3 The member shall use the PATH Intl. logo only in accordance with the PATH Intl. brand policy.

Principle 5

The member shall seek to expand his/her knowledge base related to the field of equine-assisted activities and therapies.

Guidelines:

- 5.1 The member shall maintain a high level of professional competence by continued participation in educational activities that enhance basic knowledge and provide new knowledge.

5.2 The member shall support the sharing and dissemination of information, the provision of training and conducting of research for the benefit of the profession.

5.3 The member shall demonstrate commitment to quality assurance. The member in clinical treatment settings shall engage in providing and receiving individual or peer supervision and/or staffing consultation on a regular basis

Principle 6

The member shall honor all financial commitments to participants, personnel, vendors, donors, PATH Intl. and others.

Guidelines:

6.1 The member shall negotiate and clarify the fee structure and payment policy prior to the initiation of service and charge in a responsible and reasonable manner.

6.2 The member shall not misrepresent in any fashion services rendered or products dispensed.

6.3 The member shall be truthful and fair in representing itself in fundraising activities.

6.4 The member shall honor all debt obligations.

6.5 The member shall maintain membership in PATH Intl. and pay the appropriate fee as determined by the Board of Trustees. Instructors shall remain in good standing with the annual compliance process for instructors.

Principle 7

The member shall abide by PATH Intl. Standards and Guidelines and all state, local and federal laws.

Principle 8

The member supports PATH Intl. in its efforts to protect participants, equines, the public and the profession from unethical, incompetent or illegal practice.

Guidelines:

8.1 The member shall present this PATH Intl. Code of Ethics to all staff and personnel, outlining their collective obligation to support it and address any questions or concerns pertaining to it.

8.2 The member accepts the responsibility to discuss suspect unethical behavior directly with the parties involved and, if unresolved, to report unethical, incompetent or illegal acts to PATH Intl..

I have read, fully understand and will uphold the PATH Intl. code of ethics at all times.

Signature _____

Date _____



Equine Activity Liability Release and Hold Harmless Agreement

1. I, _____, the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with Kiki (KristiAnn) Edgerton, Jeremiah Seth Houck and HeadWinds LLC / HeadWinds Therapeutic Horsemanship Stable/Company Address _____, understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).

_____ 2. I understand the potential dangers that I could incur in handling said horses, including grooming, leading, mounting, riding, walking, and feeding said horse; including, but not limited to, any interactions with other horses. Understanding those risks I hereby release Kiki (KristiAnn) Edgerton, Jeremiah Seth Houck and HeadWinds LLC / HeadWinds Therapeutic Horsemanship, property owners, officers, directors, shareholders, employees and anyone else directly or indirectly connected with Kiki (KristiAnn) Edgerton, Jeremiah Seth Houck and HeadWinds LLC / HeadWinds Therapeutic Horsemanship from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me or anyone else caused by or incidental to my electing to participate in any activities and/or mount and ride a horse owned or operated by Kiki (KristiAnn) Edgerton, Jeremiah Seth Houck and HeadWinds LLC / HeadWinds Therapeutic Horsemanship, property owners, officers, directors, shareholders, employees and anyone else directly or indirectly connected with Kiki (KristiAnn) Edgerton, Jeremiah Seth Houck and HeadWinds LLC / HeadWinds Therapeutic Horsemanship.

_____ 3. I understand and recognize and warrant that this Release and Hold Harmless Agreement, is being voluntarily and intentionally signed and agreed to, and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement may further limit the liability of equine professionals to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property.

_____ 4. I recognize and agree that I know which equine professional(s) I will be working with, and acknowledge that I agree said equine professional(s) has/have made reasonable and prudent efforts to determine my ability to engage in the equine activity, and has/have sufficient knowledge of my equine and horseback riding skills as to relieve, release and hold harmless said equine professional(s) from any continuing duty to monitor my equine activities.

_____ 5. I further voluntarily agree and warrant to Release and Hold Harmless this (these) equine professional(s) from any liability whatsoever, including, but not limited to, any incident caused by or related to said equine professional's (s') negligence, relating to injuries known, unknown, or otherwise not herein disclosed; including, but not limited to, injuries, death or property damage from: mounting; riding; dismounting; walking; grooming; feeding; use of horse barn, paddock, trails or horse ring, in any capacity; falling off horse whether horse is bucking, flipping, spooked; or my failure to understand any equine professional's directions relating to my riding or otherwise use and control, or lack thereof, of my horse or the horse I have been assigned to.

Date: _____ Stable/ Company/ Property Owner: HeadWinds LLC / HeadWinds Therapeutic
Horsemanship

Person voluntarily entering into this Release and Hold Harmless Agreement:

Signature _____

Printed Name _____

If minor, person representing himself/herself to the lawful Guardian under this Release and Hold Harmless Agreement:

Signature _____

Printed Name _____

Legend / Glossary of Terms

1. Therapeutic Horsemanship – Equine activities organized and taught by knowledgeable and skilled instructors to people with disabilities or diverse needs. Students' progress in equestrian skills while improving their cognitive, emotional, social and behavioral skills.

2. Therapeutic Riding (TR) – Mounted activities including traditional riding disciplines or adaptive riding activities conducted by a NARHA certified instructor.

3. Equine Facilitated Learning (EFL) – Includes equine activities incorporating the experience of equine/human interaction in an environment of learning or self-discovery. EFL promotes personal exploration of feelings and behaviors in an educational format. It is conducted by a NARHA certified instructor, an educator or a therapist. Goals may be related to self-improvement, social interaction and/or education.

4. Equine Facilitated Psychotherapy (EFP) is experiential psychotherapy that includes equine(s). It may include, but is not limited to, a number of mutually respectful equine activities such as handling, grooming, longeing, riding, driving, and vaulting. EFP is facilitated by a licensed, credentialed mental health professional working with an appropriately credentialed equine professional. EFP may be facilitated by a mental health professional who is dually credentialed as an equine professional.

5. Vocational Rehabilitation – Equine related activities that may include work hardening, work re-entry or vocational exploration. Participants are young adults or adults. May be considered equine assisted therapy if integrated by the therapist as part of a treatment plan.

6. Physical Therapists: The physical therapist can overlay a variety of motor tasks on the horse's movement to address the motor needs of each patient and to promote functional outcomes in skill areas related to gross motor ability such as sitting, standing, and walking.

7. Occupational Therapists: The occupational therapist is able to combine the effects of the equine movement with other standard intervention strategies for working on fine motor control, sensory integration, feeding skills, attentional skills, and functional daily living skills in a progressively challenging manner.

8. Speech-Language Pathologists: The speech-language pathologist is able to use equine movement to facilitate the physiologic systems that support speech and language. When combined with other standard speech-language intervention strategies, the speech-language pathologist is able generate effective remediation of communication disorders and promote functional communication outcomes. Specially trained therapy professionals evaluate each potential patient on an individual basis to determine the appropriateness of including hippotherapy as a treatment strategy.

The therapy professional works closely with the horse professional to manipulate various aspects of the horse's movement, position, management style, equipment and types of activities to generate effective remediation protocols and to promote functional outcomes. (PATH International)

(American Hippotherapy Association)

9. Hippotherapy (HPOT) – Hippotherapy is a physical, occupational or speech therapy treatment strategy that utilizes equine movement. This strategy is used as part of an integrated treatment program to achieve functional outcomes.

Hippotherapy As A Treatment Strategy: Hippotherapy is a physical, occupational, and speech-language therapy treatment strategy that utilizes equine movement as part of an integrated intervention program to achieve functional outcomes.

”Equine movement provides multidimensional movement, which is variable, rhythmic and repetitive. The horse provides a dynamic base of support, making it an excellent tool for increasing trunk strength and control, balance, building overall postural strength and endurance, addressing weight bearing, and. motor planning. Equine movement offers well-modulated sensory input to vestibular, proprioceptive, tactile and visual channels”.

“The horse's walk provides sensory input through movement, which is variable, rhythmic, and repetitive. The resultant movement responses in the patient are similar to human movement patterns of the pelvis while walking. The variability of the horse's gait enables the therapist to grade the degree of sensory input to the patient, and then utilize this movement in combination with other treatment strategies to achieve desired results. Patients respond enthusiastically to this enjoyable experience in a natural setting”.

“During gait transitions, the patient must perform subtle adjustments in the trunk to maintain a stable position. When a patient is sitting forward astride the horse, the horse's walking gait imparts movement responses remarkably similar to normal human gait. The effects of equine movement on postural control, sensory systems, and motor planning can be used to facilitate coordination and timing, grading of responses, respiratory control, sensory integration skills and attentional skills. Equine movement can be used to facilitate the neurophysiologic systems that support all of our functional daily living skills.” (American Hippotherapy Association.)

(Centered Riding)

10. “Centered Riding” uses the classical principles of riding, using body awareness, centering, and imagery. Centered Riding encompasses all seats and styles of riding and is based on a knowledge of human and horse anatomy, balance, movement, and on understanding how the mind affects the body and how both affect the horse. It uses centering and grounding techniques from the oriental martial arts, along with body awareness, mental imagery and sports psychology. Through increasing body awareness, inhibiting old patterns, and replacing them with a more balanced, free, and coordinated use of self, both horse and rider can move more freely and comfortably, and develop their best performance”. (Centered Riding Inc.)

11. Pilot Programs: This is a set number of lessons/ sessions with the ability to review or evaluate how things went and to be able to make changes before proceeding with more lessons.