



Name _____ Phone # _____

E-Mail Address _____ Driver's License # _____

Address: _____ City _____ State: ___ Zip: _____

Turning Point Sessions Available: _____		
Activity	Description	Trainer Initials
Orientation	Required by PATH. This is an overview of Turning Point Ranch's purpose, policies, procedures, and job duties.	
Side-Walking	Horse experience is not required. Responsible for setting up activities, interacting with the clients, and keeping the children on track during lessons. Perfect for someone who loves children and wants to work with them.	
Horse Leading	Extensive horse experience required. Responsible for catching and tacking up the horses for lessons. Totally responsible for the horse during the session and for the rider's safety.	
Horse Care	For people looking to work with horses. Horse experience preferred, but must be comfortable with horses.	

Statement of Commitment: I, _____, intend to participate as a volunteer in the Turning Point Ranch Therapeutic Horseback Riding program.

I understand that the Turning Point Program is accredited by Professional Association of Therapeutic Horsemanship and as such I have a responsibility to learn and follow PATH standards in the performance of my volunteer services.

I understand that my commitment to perform the duties for which I have been trained on the schedule assigned are critical elements in providing therapeutic services to a particular client. If I am unable to perform those duties, I will find a replacement and/or notify the Instructor in writing, in advance regarding my absence. Failure to do so will result in a loss of volunteer credit for any service.

I understand that I am responsible for entering my service times in my file at every session and that Turning Point will provide me with a signed Record of Service at the end of each semester if requested.

Signature _____ Date _____



Authorization for Emergency Medical Treatment Form

Volunteer

Staff

Name: _____ D.O.B _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Provider: _____ Policy # _____

Allergies to Medication: _____

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 injury during the course of programming, volunteer service, or while on the property of the center, I authorize Turning Point Ranch to:

1. Secure and retain medical treatment and transportation if needed.
2. Release medical information on this form to the authorized individual or agency involved in the emergency medical treatment.

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. The provision will only be invoked if the person(s) above is/are unable to be reached.

Consent Signature: _____ Date: _____



Confidentiality Policy

Turning Point Ranch Therapeutic Riding Program is designed to provide a valuable activity for individuals with various disabilities – physical, emotional and mental. Because of the nature of our service, we request information regarding the health and behavior of our clients that may be of a sensitive nature. We value each client’s right to privacy and are committed to preserving the confidentiality of information provided to us -- balanced by our staff and volunteers’ need to plan appropriate activities and protect the safety of our riders.

Turning Point goes to great lengths not to divulge any information about any client to anyone other than volunteers and instructors directly involved with that client unless given explicit permission to do so. As a volunteer/staff member at Turning Point Ranch, I understand the importance of the above Confidentiality Policy and agree to abide by its intent. I also agree to respect the privacy of all clients and not discuss any aspect of a client’s disability, behavior or health with anyone outside of Turning Point professionals involved with that client (i.e. instructors, program coordinators or the director) or the parent/guardian of that client.

Signature _____ Date _____

Media Release for Adult Volunteers

I hereby consent to and authorize the taking, use and reproduction of any and all photographs, video and other audiovisual materials procured by Turning Point Ranch for use in promotional printed or electronic materials, educational activities or any other use for the benefit of the program.

I do consent I do not consent

Signature _____ Date _____



Volunteer/Staff Release Form - Adult

Release of Liability: The undersigned _____, of lawful age, does hereby acknowledge the inherent, foreseeable, and unforeseeable risks of working with horses and activities involving such animals. In recognition thereof, and for and in consideration of the opportunity to participate as a volunteer/staff member of the TURNING POINT RANCH THERAPEUTIC HORSEBACK RIDING PROGRAM, the undersigned does hereby for himself/herself and for his/her heirs, executors, administrators, successors and assigns, release, acquit, hold harmless, and forever discharge TURNING POINT RANCH THERAPEUTIC RIDING CENTER and its directors, employees, volunteers, landlords/landowners and/or agents, from any and all liability, claims, losses, actions, suits, causes of action, demands, rights, damages, costs, expenses, fees and/or compensation of any type, description or character whatsoever, which may accrue on account of his/her participation as a volunteer/staff member in the TURNING POINT RANCH THERAPEUTIC HORSEBACK RIDING PROGRAM. By executing this agreement, it is my intention to assume all risk of bodily injury, death, or property damage occurring as a result of my participation as a volunteer/staff member in the TURNING POINT RANCH THERAPEUTIC HORSEBACK RIDING PROGRAM.

Signature

Date

Criminal Background Investigation/Authorization/Release :

The undersigned _____, of lawful age does hereby authorize TURNING POINT RANCH THERAPEUTIC RIDING CENTER to receive information from federal, state and local law enforcement agencies, courts, and offender registries, and/or private investigative agencies, regarding any charge or conviction for a felony or misdemeanor offense. I agree to provide TURNING POINT RANCH THERAPEUTIC RIDING CENTER all information required to properly identify me for this specific purpose, including but not limited to current and previous residential addresses, social security number, and drivers' license number.

Signature

Date



Volunteer/Staff Release Form: Minor

Release of Liability: The undersigned _____, of lawful age, represents that he/she is the parent or legal guardian of _____, a minor child, who is participating as a volunteer/staff member in the TURNING POINT RANCH THERAPEUTIC HORSEBACK RIDING PROGRAM. He/She hereby acknowledges the inherent, foreseeable, and unforeseeable risks of working with horses and activities involving such animals. In recognition thereof, and for and in consideration of the opportunity for said minor child to participate as a volunteer/staff member of the TURNING POINT RANCH THERAPEUTIC HORSEBACK RIDING PROGRAM, the undersigned does hereby for and on behalf of said minor child and his/her heirs, executors, administrators, successors and assigns, release, acquit, waive, hold harmless, and forever discharge TURNING POINT RANCH THERAPEUTIC RIDING CENTER and its directors, employees, volunteers, landlords/landowners and/or agents, from any and all liability, claims, losses, actions, suits, causes of action, demands, rights, damages, costs, expenses, fees and/or compensation of any type, description or character whatsoever, which may accrue on account of said minor child's participation as a volunteer/staff member in the TURNING POINT RANCH THERAPEUTIC HORSEBACK RIDING PROGRAM. By executing this agreement, it is my intention to assume all risk of bodily injury, death, or property damage occurring as a result of said minor child's participation as a volunteer/staff member in the TURNING POINT RANCH THERAPEUTIC HORSEBACK RIDING PROGRAM.

Signature

Date

Criminal Background Investigation Authorization/Release: The undersigned _____, of lawful age, represents that he/she is the parent or legal guardian of _____, a minor child, who is participating as a volunteer/staff member in the TURNING POINT RANCH THERAPEUTIC HORSEBACK RIDING PROGRAM. I hereby authorize TURNING POINT RANCH THERAPEUTIC RIDING CENTER to receive information from federal, state and local law enforcement agencies, courts, and offender registries, and/or private investigative agencies, regarding any charge or conviction for a felony or misdemeanor offense involving said minor child. I agree to provide TURNING POINT RANCH THERAPEUTIC RIDING CENTER all information necessary to properly identify said minor child for this specific purpose, including but not limited to his/her current and previous residential address(es), social security number, and drivers' license number.

Signature

Date

MEDIA RELEASE: The undersigned _____, of lawful age, represents that he/she is the parent or legal guardian of _____, a minor child, who is participating as a volunteer/staff member in the TURNING POINT RANCH THERAPEUTIC HORSEBACK RIDING PROGRAM. I hereby consent to and authorize the taking of any and all photographs, videotapes, and/or other audiovisual imaging of said minor child's participation in the TURNING POINT RANCH THERAPEUTIC HORSEBACK RIDING PROGRAM or activities directly related thereto. I further consent to and authorize the use, and/or reproduction of such photographs, videotapes, and/or other audiovisual images of said minor child's participation in this context, in any media or promotional release, including, but not limited to, promotional or educational printed or electronic media/materials prepared by or on behalf of TURNING POINT RANCH THERAPEUTIC RIDING CENTER for the use or benefit of its programs and/or activities, or a commercial news media outlet (broadcast, print, or otherwise), when used as part of an article or story regarding programs or activities involving TURNING POINT RANCH THERAPEUTIC RIDING CENTER.

I DO consent do NOT consent

Signature

Date