



Beekman Therapeutic Riding Center
Community and Therapeutic Riding

VOLUNTEER APPLICATION INFORMATION

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

School/Program/Employer _____

Date of Birth _____ Shirt Size _____

I am interested in volunteering at BTRC in the following area(s):

_____ during therapy classes	_____ grounds/barn maintenance
_____ fundraisers/special events	_____ office assistance
_____ horse leader	_____ side-walking with a client
_____ barn/horse/tack care	_____ summer camps
_____ committee member for events	_____ other: _____

Please indicate what days and times you are available in the chart below.

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	WEEKEND
EXAMPLE	4 – 8 pm	None	Noon-3pm	8-11 am	None	Any
Availability						

Are you interested in being on call? YES NO
If so, what days and times? _____

Do you have previous experiences with horses? YES NO
If so, please explain _____

Do you have previous experience with individuals with special needs? YES NO
If so, please explain _____

Warning: Under the Michigan equine activity liability act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.



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LIABILITY RELEASE FORM

I agree to the following agreement with the Beekman Therapeutic Riding Center, a Michigan nonprofit corporation (hereafter referred to as "Center") as a condition for allowing me, and the persons identified below, to enter the Center's premises and surrounding land, be near horses, participate in equine-assisted activities, work near horses, participate in hay rides, handle horses, use equipment, work with staff and volunteers, and/or receive instruction or guidance in riding, grooming, or handling horses (these activities will hereafter be referred to in this document as "The Activities").

Participants Name _____
Parent/Guardian if Participant is under 18 _____
Spouse or other Parent _____
Home Address _____
Phone _____

IT IS HEREBY AGREED AS FOLLOWS:

I/we are aware and acknowledge the inherent dangers, hazards and risks, associated with equine activities. I/we understand that the inherent risks of the equine activities mean those dangerous conditions which are integral part of the equine activities, including but not limited to:

1. The propensity of any equine to behave in ways that may result in injury, harm or even death to persons on or around them and/or damage to property in their vicinity.
2. The unpredictability of an equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals.
3. The equine's response to certain hazards such as surface and sub-surface objects.
4. Collisions with other equines, animals, people and objects.

The potential of any participant to act in a negligent manner that may contribute to injury to the participant or others, such as falling to maintain control over the equine or to act within his/her ability.

I/we assume these risks and accept the consequences involved in the participation of the participant registered on this form. I/we accept the responsibility for complying fully with all safety regulations and practices. I/we will consult with the instructor of the Beekman Therapeutic Riding Center for advice in circumstance where safe practices are in doubt.

Warning: Under the Michigan equine activity liability act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

I/we have read and fully understand the content of this release of liability and agree to comply with the intent to hold harmless or to indemnify BTRC, or the Lansing Educational Advancement Foundation, the Lansing School District, its' staff, volunteers or any other individuals and/or organizations involved, from any liability or injury that may result from the participation in activities in this program.

I/we understand that BTRC always recommends that I/we seek the advice of a physician, and many of The Activities pose special physical risks to the participant and even to the volunteer. I/we acknowledge that it is my/our responsibility to make BTRC aware of any conditions that may affect my ability to handle, ride, and/or be near an equine.

I/we have received information on the signs, symptoms & consequences of concussions in accordance with Public Acts 342 and 343 of 2012. By signing below, I acknowledge that I have read, fully understand, and agree to be bound by the provision of this release.

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Signature of parent/guardian/participant of legal age

Date



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Authorization for Medical Treatment

_____ I, give my consent, in case of a medical emergency, to authorize the Beekman Therapeutic Riding Center staff to the participant to provide such medical assistance as they determine necessary. I authorize any licensed physician and/or medical facility to provide medical, surgical care and/or hospitalization for the participant, including anesthetic, which medical professionals determine to be necessary or advisable, pending receipt of a specific consent from me.

_____ I do not give consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being present on the property of the agency (BTRC). In the event of an emergency treatment/aid is required, I wish the following procedures to take place: _____

Signature of Participant (or in event participant is a minor), parent/guardian

Emergency contact person

Relationship to participant

Phone Number

Signature

PHOTO AND VIDEO RELEASE

I/we authorize the appropriate use of any photographs, audio or video footage that may capture the image of the participant. These photos may be taken during an event or a class that the participant has enrolled in. Photos or videos may be used on the BTRC website, public media, newspapers or magazines.

Signature of parent/guardian/participant of legal age

Date

No participation can be accepted for riding instruction until this form has been completed and signed. If the participant is of legal age (18), he or she may complete this form, if he/she is legally competent to do so. Riding instruction will be under strict supervision, and although every effort will be made to avoid any accident.

Warning: Under the Michigan equine activity liability act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine



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CONFIDENTIALITY POLICY

The Beekman Therapeutic Riding Center recognizes that all clients receiving services are entitled to do so with the expectation that information about them will be treated with due respect and confidentiality. All client information is considered confidential. BTRC, to the extent provided by law, assumes responsibility for safeguarding each client's right to confidentiality and is responsible for all collection, storage, disclosure and destruction of confidential information.

CODE OF CONDUCT

BTRC recognizes that the primary interest of BTRC volunteers/employees is the provision of safe, quality services and activities to participants in our programs. To that end this policy has been written to provide an understanding of appropriate conduct and to provide consistency in the administration of our agency.

On rare occasions, the conduct of a volunteer or employee may be such that it disrupts the orderly operations of the program, the maintenance of a positive program environment, or the interests and safety of staff, volunteers, participants, and horses. In recognition of the responsibility inherent in the delivery of services provided by BTRC for therapeutic and other riding services, BTRC asks all volunteers and employees to respect the rights, dignity and well-being of all individuals. BTRC volunteers and employees also respect the integrity and well-being of program facilities, horses and animals.

The following conduct or behavior constitutes a breach of this code and if evidenced may result in discharge from the BTRC program:

- Working under the influence or use of alcohol or drugs during the program
- Being in possession of, distributing, selling, using or working under the influence of alcohol or illegal drugs during the program, or while on BTRC premises or while operating BTRC owned vehicles or equipment
- Engaging in negligent or improper conduct leading to damage of BTRC owned, facility owned, or program participant owned property
- Violation of safety, dress, or health rules
- Engaging in sexual or unlawful harassment
- Exhibiting excessive absenteeism
- Insubordination or verbally, emotionally or physically abusing program participants and/or family, or other personnel
- Engaging in dishonest behavior or theft
- Engaging in disorderly conduct
- Disclosing confidential information

EMPLOYEE/VOLUNTEER STATEMENT OF CONFIDENTIALITY

I, _____, as an employee or volunteer assisting in the Beekman Therapeutic Riding Center program, indicate by my signature below that I have ready and fully understand the BTRC policy of Confidentiality.

I recognize and respect the right of privacy of all individuals who receive BTRC services. I further commit to safeguarding all written materials, which is considered to be confidential information by BTRC. I will take the appropriate measures to secure all written material from access by unauthorized individuals. I will not discuss service information in places where unauthorized people will likely hear that discussion.

I accept my obligation to comply with the terms of this statement.

Printed Name _____

Signature _____ Date _____

Parent/Guardian signature if person is a minor _____

EMPLOYEE/VOLUNTEER STATEMENT OF RESPONSIBILITY

I, _____, as an employee or volunteer assisting in the Beekman Therapeutic Riding Center program, indicate with my signature below that I have read and fully understand the role and responsibilities of a BTRC employee/volunteer and understand and comply with the BTRC Code of Conduct.

I accept my obligation and comply with the terms of this statement.

Printed Name _____

Signature _____ Date _____

Parent/Guardian signature if person is a minor _____

**LANSING EDUCATIONAL ADVANCEMENT FOUNDATION
BEEKMAN THERAPEUTIC RIDING CENTER
VOLUNTEER A REGISTRATION FORM**

DATE: _____		PROGRAM: LEAF		BTRC	
NAME: _____					
LAST	FIRST	FULL MIDDLE NAME	ANY OTHER KNOWN BY OR USED		
MAILING ADDRESS: _____					
ADDRESS		STREET	APARTMENT		
CITY		STATE	ZIP	COUNTY	
SOCIAL SECURITY #: _____			EMAIL: _____		
BIRTHDATE: _____			PHONE: _____		
DRIVERS LICENSE #: _____			OCCUPATION: _____		
EMPLOYER/SCHOOL NAME: _____					
ADDRESS	STREET	CITY	STATE	ZIP	PHONE
EMERGENCY CONTACT NAME: _____					
RELATIONSHIP _____			PHONE NUMBER _____		
Photo ID Verified: _____		Date: _____		Initials: _____	

1. Have you ever been convicted of a criminal offense?	Yes	No		
2. Have you ever received convictions/been charged for neglect, abuse or assault?	Yes	No		
3. Has your driver's license ever been suspended or revoked in any state?	Yes	No		
4. Do you have any medical conditions we should be aware of?	Yes	No		
If yes, please explain: _____				
List two (2) references				
Name	Relationship	Address	Phone Number	Ref. Check
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

PLEASE READ BEFORE SIGNING: I understand that:

- The information I have provided may be verified, and I give permission to LEAF/BTRC to make inquiry of others concerning my suitability to act as a LEAF/BTRC volunteer, and that a national background check will be conducted
- In the course of volunteering for LEAF/BTRC, I may be dealing with confidential information, and I agree to keep said information in strictest confidence
- The relationship between LEAF/BTRC is an "at will" arrangement and may be terminated at any time without cause by either the volunteer or LEAF/BTRC
- I grant LEAF/BTRC permission to use my likeness, voice, and words in television, radio, film, or in any form to promote the activities of LEAF/BTRC
- If there are any changes in my information, I will inform LEAF/BTRC immediately.

I affirm that I have read the above and the information I have given is true and complete.

Signed: _____ Date: _____

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VOLUNTEER RESPONSIBILITIES

Volunteers are expected to:

- Fulfill the responsibility of their assignment.
 - Carry out all aspects of the assignment
 - Attend required meetings
 - Ask questions if they do not understand the duties
- Set an example for the students/clients/program
 - When serving as a volunteer, do not engage in any activity considered inappropriate or illegal
 - Do not smoke at training or event sites
 - Avoid behavior which may be misunderstood or misinterpreted
 - Be helpful to and show respect towards others
 - Dress safely and appropriately for the activity, including footwear
- Model good sportsmanship and behavior
 - Support the decisions of board members, administration, and others in positions of responsibility for the program
 - Be respectful at events and activities
 - Praise and encourage others to do their best
 - Support and encourage the other volunteers and staff
 - Never put yourself in a compromising position
 - Report anything you observe which you feel may cause harm
- Be loyal to your commitment to LEAF and BTRC
 - Look for constructive ways to overcome obstacles
 - Address concerns and complaints to those who can correct or change the situation
 - Be a responsible guardian over any information you may have about others
- Grow, learn, and challenge yourself through your involvement in LEAF/BTRC
 - Be open to new ideas and new ways of doing things
 - Extend your involvement into other roles of leadership and training
 - Enjoy the challenge of learning about and from individuals who are different than you
 - Delight in the difference that your involvement makes in the lives of those who are involved in LEAF/BTRC programs
 - Offer constructive suggestions for legitimate improvements to LEAF/BTRC events and activities