

Dear Prospective Volunteer,

Thank you for your interest in volunteering at the Achievement Centers for Children Camp Cheerful Therapeutic Horsemanship Program, located in Strongsville! We offer a variety of volunteer opportunities including assisting riders with special needs in our therapeutic horseback riding classes, cleaning stalls and office work! Please be advised that the volunteer commitment is a minimum of 1 hour per week on a consistent basis. Classes are provided 6 days per week, including mornings & evenings. If you are unable to commit to volunteering 1 hour weekly, please ask if there are other opportunities available prior to attending orientation! In order to provide a lesson that is safe, effective & fun, side walking in classes is our area of biggest need! It's also the most rewarding as you become a part of the smiles, triumphs & progress of our riders!

Part 1 - Orientation & Training. This is required prior to volunteering with riders. Orientation is conducted here at Camp Cheerful and includes a barn tour, an overview of our program and participating "hands on" walking alongside horse & rider. This is an opportunity for you to learn about the program and determine if this is a good fit for you! At the conclusion of this training you will be able to get started volunteering!

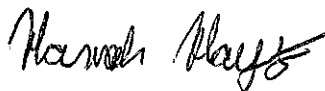
Part 2 - Coaching for Disabilities. You will attend this training within 60 days of your Part 1 Orientation. This will provide you with an opportunity to learn more about disabilities such as Autism, Cerebral Palsy, Developmental Delay, ADHD, etc. This is also a great time to ask questions about the riders you are working with and learn strategies & techniques to improve effectiveness to foster progress!

Enclosed are the following forms that need to be completed, signed and returned at your scheduled orientation. If you are under the age of 18, all forms **must** be signed by a parent/guardian. A volunteer job description is also included for you review.

- Volunteer Application
- Waiver of Liability for Equine Activity
- Statement of Non Conviction
- Volunteer Medical Statement
- Emergency Medical Transportation
- HIPPA Notice

Please RSVP & bring this packet with you to orientation! Lessons are conducted in our indoor arena, around camp & on the bridle trails. Volunteers must wear closed toe shoes or boots. For your comfort please dress for outdoor weather! If you have any questions or want to RSVP please contact me at the email or phone number listed below.

Sincerely,



Hannah Hayes
Volunteer Coordinator
Camp Cheerful
15000 Cheerful Lane
Strongsville, OH 44136
Hannah.hayes@achievementctrs.org
440-238-6200 ext. 242

THERAPEUTIC HORSEMANSHIP VOLUNTEER JOB DESCRIPTION

Title/Position: Side Walker

Physically support the rider (during riding, mounting and dismounting); help the rider guide their horse in the arena, and assist the rider in following the directions of the instructor as necessary. The amount of support required is dependent on each rider's abilities.

Qualifications Required

- Minimum age 14
- Commitment to attend class each week for the length of a session, typically 9 weeks
- Walk for an hour at a time (indoors or outdoors) on uneven surfaces
- Ability to hold your arm raised and out to the side for up to an hour at a time
- Hear and understand instruction in English
- Must have adequate vision to ensure safety of horses and participants
- Ability to adapt to change and be flexible
- Comfort in working with people with disabilities (including physical contact)

Responsibilities

- Assist with supporting rider during mounting and dismounting as necessary
- Walk next to the rider throughout class, including physical support as necessary
- Help rider follow directions given by the instructor
- Length of commitment: one day per week for the length of a session, typically 9 weeks
- Estimated total hours: two hours per day, per class (more classes available)

Volunteer Benefits

- Satisfaction of helping children in your community
- Gain an understanding and appreciation of what it means to live with disabilities
- Learn about the care of horses
- Personal growth
- Develop new friendships



ACHIEVEMENT CENTERS FOR CHILDREN – CAMP CHEERFUL
Therapeutic Horsemanship Program Volunteer Application
15000 Cheerful Lane Strongsville, OH 44136 440 238-6200 x242

Name _____ Are you 18 years of age or older? (circle) Yes or No

Address _____ City _____, OH Zip _____

Home Phone _____ Cell Phone _____ Can we text you? _____

Email Address (print clearly) _____

Employer _____ Position _____

School Name (if student) _____ Present Grade _____

Do you need volunteer hour verification for school or work? _____ # of hours _____

How did you hear about the Achievement Centers for Children – Camp Cheerful? _____

Have you ever volunteered before? (circle) Yes or No If yes, where? _____

Why do you want to volunteer?

Experience with horses (be specific)

Experience with persons with disabilities _____

Emergency Contact _____ Phone _____ Relationship _____

Authority for Release of Information

I hereby give the Achievement Centers for Children (ACC) permission to contact my former employers, associates, educational institutions, law enforcement agencies and any others they find necessary in determining my eligibility for volunteer services.

Warning! Under Ohio law, an equine activity sponsor, participant, equine professional, veterinarian, farrier, or other persons are not liable for damages in a tort or other civil action for harm that an equine activity participant allegedly sustains during an equine activity that results from an inherent risk or an equine activity, pursuant to Ohio Revised Code Annotated 2305.321 (2001) 1/30/08.

I hereby acknowledge that I have read and understand the above statements.

Applicant Signature Date _____ Date _____

If under 18 provide parental/guardian consent _____

EQUINE ACTIVITY RELEASE, WAIVER, AND ASSUMPTION OF RISK AGREEMENT

This Equine Activity Release, Waiver, and Assumption of Risk Agreement ("Equine Activity Agreement") is given under the Ohio Equine Activity Liability Act, Ohio Revised Code Section 2305.321 (the "Act"). The undersigned, on his or her own behalf, and on behalf of any minor or mentally disabled adult named below, and on behalf of their respective heirs, assigns, successors, executors, administrators, and legal representatives, does hereby release, acquit and discharge Achievement Centers for Children, and its officers, directors, employees, representatives, volunteers, servants, staff, agents, heirs, successors and assigns, including any "equine professional" as defined by the Act ("Achievement Centers"), from and against any and all claims, claims for relief, actions, causes of action, liabilities, injuries, damages, demands, rights, losses, costs, interest, expenses, including attorney fees, of any kind, description or nature whatsoever, whether arising out of contract, tort, statute or otherwise, in law or in equity, that arise from or relate in any manner to the participation in or presence at equine activities by Achievement Centers within the State of Ohio by the undersigned and by any minor or mentally disabled adult participant named below ("Loss"). The undersigned agrees and acknowledges that this Equine Activity Agreement is applicable regardless of whether any Loss, injury or death results from the negligence of the Achievement Centers, or from any other cause and hereby warrants and represents that he or she is in fact the legal parent or guardian of any minor or mentally disabled adult participant named below, with full rights of custody and control, has the authority to sign this Equine Activity Agreement on behalf of any such minor or mentally disabled adult participant, and consents to any such minor's or mentally disabled adult's presence and participation in equine activities at the Property. The undersigned acknowledges that this Equine Activity Agreement is given on behalf of and is binding upon the undersigned, and also on behalf of and is binding upon any such minor or mentally disabled adult participant named below and their respective heirs, executors, administrators, personal representatives, successors and assigns; and the undersigned agrees that this Equine Activity Agreement is fully binding on the undersigned as if it were entered into solely on his or her own behalf.

The undersigned hereby acknowledges that he or she has full and complete notice and understanding of all the risks, known and unknown, inherent in equine activities, and that these risks cannot be eliminated, altered or controlled regardless of the care used, the skill or experience possessed, or the precautions taken (in each case if any), by anyone; that these risks may cause, contribute to, or result in the death, physical injury, psychological injury, emotional/mental injury, or disability of the undersigned and of any minor or mentally disabled adult participant named below or damage to the participant's property or financial loss otherwise (the "Risks"), including, but not limited to: (a) the propensity of an equine to behave in ways, including dangerous, unpredictable and potentially uncontrollable ways, that may result in injury, death, or loss to persons on or around the equine; (b) the unpredictability of an equine's reaction to sounds, weather, environment, surroundings, sudden or other movement, familiar or unfamiliar objects, persons, or other animals; (c) hazards, including, but not limited to, surface or subsurface conditions including, for example, obstructed or uneven surfaces or conditions that could cause the participant or equine to trip or fall; (d) a collision or contact with another equine, another animal, a person, or an object; (e) misuse or failure of tack, gear and equipment; (f) the potential of an equine activity participant or other person(s) to act in a negligent manner or otherwise that may contribute to injury, death or loss to the person or property of the participant or to other persons, including, but not limited to, failing to maintain control over an equine; (g) exposure to mold, allergens, bacteria, toxins, viruses, disease; and (h) exposure to uncontrollable elements, such as, for example, heat, humidity, cold, wind, and rain. The undersigned acknowledges that he or she is in the best position to understand and evaluate any added risk caused by any disability, limitation, illness, or condition of the undersigned or of any minor or mentally disabled adult participant named below. Although the undersigned is aware of the nature and extent of the Risks, he or she expressly accepts and assumes all risks of bodily injury, psychological injury, emotional/mental injury, disability, and/or death, and any property damage or other physical or financial loss that may occur as a result of the participation in equine activities by the undersigned or by any minor or mentally disabled adult participant named below. This Equine Activity Agreement is given on specific consideration of the permission granted by the Achievement Centers to the undersigned, and to any minor or mentally disabled adult participant named below, to participate in equine activities. The undersigned agrees to indemnify and save the Achievement Centers harmless from any and all judgments, damages, or expenses associated with any claims, demands, or lawsuits made against the Achievement Centers, by or on behalf of any person, that may arise as a result of the presence at or participation in equine activities by the undersigned, and by any minor or mentally disabled adult participant named below. The undersigned, on his or her own behalf, and on behalf of any minor or mentally disabled adult named below, authorize and consent to any first aid or emergency medical care which may be administered as deemed necessary or appropriate, due to injury or sickness caused by or incurred in the course of any equine activity. To the extent possible, this Equine Activity Agreement shall be construed in such manner as will render each provision fully enforceable; but if any provision of this Equine Activity Agreement shall be unenforceable, such provision (or so much thereof as is unenforceable) shall be deleted and the remainder of this Equine Activity Agreement shall continue in full force and effect. The undersigned states that he or she knowingly and voluntarily executed this Equine Activity Agreement and asserts that he or she understands all the terms used herein and the consequences thereof and acknowledges that this Equine Activity Agreement is binding upon the heirs, administrators, executors, representatives, successors and assigns of the undersigned and of any minor or adult with a developmental disability named below. This Equine Activity Agreement shall remain valid until released in writing by the undersigned.

Signed this _____ day of _____, 20_____.

Name of participant

Date of birth

Signature of participant

Parent/Guardian signature (if participant is a minor or an adult with a developmental disability)



NOTICE OF PRIVACY PRACTICES FOR VOLUNTEERS

Thank you for Volunteering! This notice describes how you, as a volunteer, are affected by the Health Insurance Portability and Accountability Act (HIPAA). Please review it carefully and date below.

What is HIPAA? HIPAA (Health Insurance Portability and Accountability Act) is a federal law that was passed in 1996. These laws protect a person's health information from being shared with other people who DO NOT need to know it. As a volunteer of the Achievement Centers for Children (ACC) you are legally responsible to follow these same policies that protect the health information of all persons served at ACC.

What is health information? Health information includes: Medical diagnosis of a person, types of services a person receives, how a person pays for their service, and identifiable information of a person served, such as their name, address, phone number.

Volunteer Activities When handling files at ACC, remember the information in the files is confidential and should not be shared. For example, you notice the name of a friend, you CANNOT tell anyone about that person's personal information. You would be breaking the law if you shared with others what you saw in one of our files and this would also include sharing that this friend received services from us.

When sending a fax, make sure the ACC cover page goes with your fax, specifying to whom the fax is going. The more specific the fax cover sheet, the better.

ALL ACC computers are password protected. This is for confidentiality. If you use an ACC computer in your volunteer work, NEVER share your password with anyone. If you leave your computer, make sure you are logged off from your computer.

When disposing of health information documents, use a shredder or shredder bin when disposing of these documents. Do not talk or discuss an individual's information out in the open, in common areas, such as the lunch room, restrooms, or in the hallways of lobby. If information needs to be shared, go to a private place like an office or conference room to have your conversation.

When can a person's health information be shared, and with whom?

In most cases, you would not be faced with sharing health information. However, if someone does ask you for information about a person, you should check with your ACC volunteer supervisor to see if it is okay if any health information can be shared. Your ACC volunteer supervisor will make sure there is a signed authorization form that will allow you to share information. If there is not an authorization form; then you will not be able to share information.

Acknowledgement of Receipt of Notice: I have received a copy of the privacy notice from Achievement Centers for Children. I have read the information and understand it or I will contact my ACC volunteer supervisor for clarification.

Signature

Print Name

Date



**Achievement Centers for Children
Camp Cheerful
Volunteer
Emergency Contact/Transportation**

Name _____ Date of Birth _____
 Preferred Physician _____ Phone number _____
 Preferred Dentist _____ Phone number _____
 Insurance Company _____ Policy number _____

Emergency Contact Information:

Please list persons to be contacted in the event of an emergency. If you are under 18 years of age, please provide your parent/guardian's name and information.

Name	Name
Home Phone #	Home Phone #
Cell Phone #	Cell Phone #
Work Phone #	Work Phone #
Rel. to Volunteer	Rel. to Volunteer

IN CASE OF AN EMERGENCY

_____ I GIVE MY CONSENT to and authorize the Achievement Centers for Children to summon a physician/
 dentist to administer necessary treatment, and/or transport me/my child to _____
Preferred Hospital
 in the event of an accident, sudden illness or injury.

 Signature (parent/guardian signature required for minors)

 Date

_____ I DO NOT GIVE MY CONSENT for emergency medical treatment. In the event of accident, sudden illness
 or injury requiring emergency medical treatment, I understand that the Achievement Centers for Children must
 nevertheless act in the interests of health and safety and may need to call emergency personnel. I request that
 such personnel take no action until an emergency contact listed above can be contacted directly.

 Signature (parent/guardian signature required for minors)

 Date



ACHIEVEMENT CENTERS FOR CHILDREN
Volunteer Medical Statement

This form is to be completed prior to the first date of volunteering.

Volunteer Name _____

Beginning Volunteer Date _____ Program/Site Volunteering _____

To the best of my knowledge, I am:

1. Free from apparent communicable disease
2. Free from tuberculosis
3. Immunized against:
 - a. Measles and mumps
 - b. Rubella
 - c. Tetanus and diphtheria (or are exempt due to medical or religious reasons)
4. Physically fit to complete the tasks required of a volunteer.

Volunteer Signature

Date

ABUSER REGISTRY ANNUAL NOTICE

The Ohio Department of Developmental Disabilities ("Department") maintains an Abuser Registry which is a list of ODD employees who the Department has determined have abused, neglected, had sexual contact with, stolen property from, or did not report the abuse or neglect of an individual with ODD. If your name is placed on the Abuser Registry you are barred from employment as an ODD employee in this state for a minimum of 5 years.

- **Employees whose names may be placed on the Abuser Registry.** The name of any "ODD employee" may be placed on the Abuser Registry. ODD employee includes any Department employee, any employee of a county board of ODD, and any employee providing specialized services to an individual with ODD. A specialized service is a program or service designed to primarily serve individuals with ODD including services by an entity licensed or certified by the Department.
- **Abuser Registry Offenses.** The Department may place the name of an ODD employee on the Abuser Registry if it determines that the employee has committed any of the below offenses against an individual with ODD.
- **Abuse**
 - Abuse includes the use of any physical force that could reasonably be expected to result in physical harm.
 - Abuse includes unlawful sexual conduct (unprivileged intercourse or other sexual penetration) and unlawful sexual contact (unprivileged touching of another's erogenous zone).
 - Abuse includes verbal abuse. Verbal abuse means purposely using words to threaten, coerce, intimidate, harass or humiliate an individual.
- **Sexual Contact.** Sexual contact means the touching of an erogenous zone for sexual gratification, whether or not consensual, by an ODD employee of an individual in the employee's care who is not the employee's spouse.
- **Neglect.** Neglect means, when there is a duty to do so, failing to provide an individual with any treatment, care, goods or services necessary to maintain the health or safety of the individual.
- **Misappropriation (theft).** This means obtaining the property of an individual or individuals, without consent, with an aggregate (combined) value of at least \$100. Theft of any check, credit card, ATM card and the like are also Abuser Registry offenses.
- **Failure to Report**
- **Abuse, Neglect or Misappropriation.** An ODD employee may be placed on the Abuser Registry if the employee unreasonably does not report abuse, neglect or misappropriation of the property of an individual with ODD, or the substantial risk to such an individual of abuse, neglect or misappropriation, when the employee should know that his/her non-reporting will result in a substantial risk of harm to such individual.

ORC 5123.542 requires the Department, each county ODD board, each entity providing specialized services under contract with an ODD board, and each owner, operator or administrator of a residential facility as defined in ORC 5123.19 or of a program certified by the Department to provide supported living services to annually provide written notice to each of its ODD employees explaining the conduct for which an ODD employee may be placed on the Abuser Registry. More information about the Abuser Registry is on the Department's website at https://its.prodapps.dodd.ohio.gov/ABR_Default.aspx.

Date

Print Name

Signature of employee

Rev. 6/28/07;3/12