



Serenity Farm Equestrian Center

21870 Lemoyne Road
Luckey, Ohio 43443
419-833-1308

VOLUNTEER REGISTRATION APPLICATION PACKET

Please check your program preferences for volunteer interest:

***Lucky Rider volunteering is one of our highest priorities. Separated into three sessions (spring/summer/fall) gives our special riders great opportunities to engage in therapy.** This gives our instructors the reassurance that they can count on you. You will have the opportunity to develop a special friendship and make a lasting impact on the life of our clients! Volunteers must be 18 years of age or older and are required to attend annual Volunteer training.

***EAL or Equine assisted learning volunteers are asked to** volunteer through the week days as we share farm/horse/educational components with visiting classes. We promote team building, career exploration, specific programs for special education classes, and skill building.

Team Thunder, our special mini horses, visit with many senior centers, Hospice, Ronald McDonald House and PR appointments from April through October each year. Volunteers are asked to give their time on Wednesdays and work on a team. This is the only program to go off the farm for most programming.

***Fund Raising volunteers** are asked to make a commitment to at least one project per year for various fund raising efforts and have an enormous amount of motivation and love working on teams. Come join us and meet new friends to share your passion.

***Board of Trustee volunteers** are elected to a three year term. Resume and letter of intention should be sent to the Board President for consideration.

***ALL volunteers** must complete appropriate paperwork before beginning any projects with Serenity Farm Equestrian Center. Volunteers will be notified by the Director or Coordinator upon placement into programs or projects.

Please note that background checks are required to ensure integrity of the programs and comply with PATH standards. Forms must be signed off on annually prior to continuing work with Serenity Farm Equestrian Center.

Forms to complete:

- 1. Registration Application**
- 2. Medical Emergency Form**
- 3. Photo release**
- 4. HIPAA Compliance Form**
- 5. General Equine Waiver**
- 6. Copy of BCI Check**

Serenity Farm Equestrian Center

21870 Lemoyne Road
Luckey, Ohio 43443
419-833-1308

Applicant Name: _____

Date: _____

Date of Birth: _____ Male/Female _____

Address: _____ City: _____ State: _____ Zip: _____

How can we best contact you? Cell _____ E-mail: _____

Occupation: _____ Employer: _____

Driver's License Number _____ State of Issuance _____

Has your Driver's License ever been suspended or revoked? YES NO

Have you ever been convicted of a crime? YES NO If yes, explain: _____

Are you certified in CPR: _____ First Aid: _____ Other: _____

Are you interested in Continuing Education? _____

MEDICAL EMERGENCY INFORMATION

In case of emergency, contact:

#1 - Name: _____ Relationship: _____

Day Phone: _____ Evening/Cell Phone: _____

#2 - Name: _____ Relationship: _____

Day Phone: _____ Evening/Cell Phone: _____

Doctor to be contacted: Name: _____ Phone: _____

List any Known Allergies: _____

List any medications being taken: _____

List any current/past medical problems: _____

In an event of an emergency, I hereby grant Serenity Farm Equestrian Center permission to see that I am transported to any hospital, either by private vehicle or by ambulance (Troy Township EMS) if necessary, and be treated by the hospital staff until my family and/or doctor can be located.

Signature: _____ Date: _____



Serenity Farm Equestrian Center

21870 Lemoyne Road
Luckey, Ohio 43443
419-833-1308

How did you hear about Serenity Farm?

Briefly explain your experience with horses or small animals:

Briefly explain any team work experience you may have:

Indicate the reason you are seeking a volunteer position at Serenity Farm Equestrian Center:
 Personal Fulfillment School Requirement Skill Development

What time of day are you typically available? Mornings Afternoons Evenings Saturday

If we find ourselves shorthanded, may we call you as a substitute? YES NO

PHOTO RELEASE FORM

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to SERENITY FARM EQUESTRIAN CENTER. permission to take or have taken, still and moving photographs and films, including television and pictures of _____ and consents and authorizes SERENITY FARM EQUESTRIAN CENTER its Board of Trustees, employees, new media and any other persons interested in SERENITY FARM EQUESTRIAN CENTER and its work, to the use and reproduction of the photographs, films and pictures to circulate and publicize the same by all means including and without limit, the generality of the foregoing newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

SIGNATURE: _____ **DATE:** _____



Serenity Farm Equestrian Center

21870 Lemoyne Road
Luckey, Ohio 43443
419-833-1308

HIPAA

HIPAA, Health Insurance Portability and Accountability Act of 1996, relates to the standards for safeguarding the confidentiality of client medical information. All contract staff/volunteers are required to know these standards and comply with the policies of the barn where the contract staff/volunteer works that pertain to the protection of client medical information.

Protected Health Information (PHI), as created and defined by HIPAA, relates to individually identifiable health information that is transmitted in any form or medium. Health information becomes protected when it is combined with any piece of information that could identify the client. Examples of these "identifiers" include: name of client, all elements of dates, social security number, address and telephone number. A majority of the information obtained during the course of client care would be classified as PHI and therefore should be kept confidential.

As a health care worker, you are permitted by HIPAA to use/disclose PHI without the need for specific client authorization to carry out essential healthcare functions for "Treatment, Payment and Health Care Operations."

- *Treatment means the provision, coordination or management of health care by one or more health care providers, including consultation between health care providers or client referrals.
- *Payment means activities of health care providers to obtain payment or be reimbursed for their services.
- *Health Care Operations include those functions necessary to support core functions of treatment and payment. Examples include quality assessment and improvement activities, training, accreditation, certification, credentialing, licensing, reviewing competence, performance evaluations, business management and general administrative activities.

All **Serenity Farm** staff/volunteers must make reasonable efforts to limit the use or disclosure of, requests for, PHI to minimum amount necessary to accomplish intended purpose. You should communicate only the information that is needed by the person you are communicating with.

HOW TO PROTECT THE PRIVACY OF CLIENT'S PROTECTED HEALTH INFORMATION (PHI)

- * Medical and personal information in the client's file, or that you have heard, read, or are aware of is confidential.
- * When someone asks you for information about a client, make sure they have the right to receive the information they are asking for.
- *When you give client information out to others, give only the information the person needs to have.
- *When you need to speak to a staff member about a client's condition or treatment, you should lower your voice to make sure that the conversation is not overheard by other clients or visitors. Never talk about a client, their illness, treatment, family or situation outside of the barn setting.
- *Never discuss one client with another, even if the clients know each other.
- *Protect client privacy by keeping documents and reports that have PHI on them in safe areas, out of the view of those who might happen to walk by.
- *If you use the telephone, fax machine or email to share PHI with other facilities , organizations or staff/volunteers, make sure that the information you send is going to the correct person and that they have the right to receive the information.

I have read the above *HIPAA Compliance Guidelines*. As a Serenity Farm staff/volunteer, I agree to keep confidential any customer or client information that I am exposed to while on assignment. I understand that the breach of this confidentiality will be just cause for immediate removal from active status.

SIGNATURE: _____ **DATE:** _____

Serenity Farm Equestrian Center

21870 Lemoyne Road
Luckey, Ohio 43443
419-833-1308

General Equine Waiver

Ohio law limits the liability of horse owners, trainers, stable owners, and other equine (horse) professionals for injuries or property damage you may incur as a result of equine activities (O.R.C Section 2305.40). To make certain you understand the risks involved, the waiver recipient named below required you to sign this waiver before you can participate in the equine activities, further, you agree that the waiver recipient, along with his, her or its officers, directors, shareholders, members, managers, employees and agents, heirs, successors, and assigns, including, but not limited to Serenity Farm Equestrian Center are not responsible for any of the following risks:

- *The propensity of an equine to behave in the ways that may result in injury, death, or loss to the equine or to persons on or around the equine*
- *The unpredictability of any equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;*
- *Hazards, including but not limited to surface or subsurface conditions;*
- *A collision with other equine, another animal, a person, or an object;*
- *The potential of an individual to act in a negligent manner that may contribute to injury, death, or loss to self or other persons, including but not limited to failing to maintain control over an equine or failing to act within his or her ability.*

This waiver will be interpreted according to Ohio Law. To terminate it, you must do so in writing.

Person receiving waiver:

By: 5 a UbXU7 U^_U

Amanda Cajka, Executive Director

(Print name & Title)

Person giving waiver: Volunteer Name

Signature (If under 18 years of age, parent or guardian)

(Print name)

Date: _____