



ANIMALS AS NATURAL THERAPY

721 VAN WYCK ROAD + BELLINGHAM, WA + 98226

PHONE/FAX: 360-671-3509 + WEB: WWW.ANIMALSASNATURALTHERAPY.ORG

For Office Use Only

Program: _____

Entry date: _____

Exit date: _____

Volunteer Information and Release Form

Name:(Print)_____

DOB: _____ Age: _____

Primary Phone: _____ Alternate Phone: _____

Mailing Address: _____
Street City State Zip Code

E-mail: _____

Employer Name : _____ Work Phone: _____

Parent or Guardian (if under 18): _____ Phone: _____

In case of emergency, contact: _____ Phone: _____

Describe your horse experience: _____

CPR/First Aid Training? Y N Veteran? Y N

Name of School Attending _____

How did you hear about ANT? _____

PHOTO/ANT WEB SITE/MEDIA/PRINT AND FILM RELEASE (OPTIONAL)

I hereby consent to and authorize the use and reproduction by Animals as Natural Therapy of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed materials, educational activities or for any other use for the benefit of the program.

Date: _____ Signature: _____

(Must be signed by parent or guardian if under 18)

VOLUNTEER LIABILITY RELEASE (Please circle applicable person)

_____(Volunteer name) would like to participate in the Animals as Natural Therapy Volunteer program. I acknowledge the risks and potential for risks as an ANT volunteer. However, I feel that the possible benefits to me/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Windy Acres and Animals as Natural Therapy Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Animals as Natural Therapy at Windy Acres.

Date: _____ Signature: _____

(Must be signed by parent or guardian if under 18)



ANIMALS AS NATURAL THERAPY

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Volunteer's Authorization for Emergency Medical Treatment

Volunteer's Name: _____ Date of Birth _____

Address: _____

In the event of an emergency: 1. Contact: _____ Phone: _____

OR 2. Contact: _____ Phone: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy #: _____

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 Animals as Natural Therapy to secure and retain medical treatment and transportation if needed as detailed below.
(Parent/guardian if under 18)

Consent Plan

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

Date: _____ Consent Signature: _____

(Volunteer, Parent or Guardian if under 18)

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

Date: _____ Non-Consent Signature: _____

Volunteer, Parent or Guardian if under 18



DRUG AND ALCOHOL POLICY

Animals as Natural Therapy (ANT) is committed to providing a safe work environment and to fostering the well-being and health of its staff, volunteers and clients. That commitment is jeopardized when any ANT staff, volunteer or client uses illegal drugs or alcohol while performing duties for ANT; comes to the farm with these substances present in his/her body, or possesses, distributes, or sells drugs on the premises. ANT has established the following policy with regard to alcohol and other drugs to ensure that we can meet our obligations to our staff, volunteers and clients.

1. It is a violation of our policy for any staff, volunteer or client to possess, sell, trade or offer for sale illegal drugs or otherwise engage in the use of illegal drugs or alcohol while performing ANT program duties or participating in ANT programming.
2. It is a violation of our policy for anyone to report to ANT under the influence of illegal drugs or alcohol.
3. It is a violation of our policy for anyone to use prescription drugs illegally. (If one legally uses prescribed controlled substances/medications, they must notify their supervisor. As long as it does not affect one's performance and judgment at ANT, it may be allowed.)
4. Anyone coming to ANT under the influence of alcohol, illicit drugs or prescribed drugs that are affecting one's judgment will be asked to leave the premises. If this occurs one will be put on probation and may be asked to give up one's volunteer or client position.
5. If it is suspected that a staff member, volunteer or client is attending programming under the influence of any of the above substances, they will be spoken to privately by the supervisor, given local resources that are available for getting help, and may be asked to undergo drug screening. If it is found that the person has been dishonest with their supervisor, they will be removed from the ANT program.
6. If indicated, the staff person, volunteer or client is responsible to seek and receive treatment and to comply with treatment and aftercare plans as prescribed.

The goal of this policy is to balance our respect for individuals with the need to maintain a safe, productive and Drug-Free environment. The intent of this policy is to offer a helping hand to those who need it, while sending a clear message that illegal drug use and alcohol abuse are incompatible with working at ANT.

I agree to follow all drug and alcohol policy procedures set forth by Animals as Natural Therapy.

Date: _____ Signature: _____

Health Status

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

ALLERGIES: _____

MEDICATIONS: _____

LAST TETANUS SHOT: _____ **TUBERCULOSIS TEST:** No Yes (pos. or neg)
(If your tetanus shot was more than 5 years ago, you will need to get a booster if you get a deep or dirty cut or puncture wound.)

Background Disclosure

The undersigned applicant acknowledges that Washington law requires employees and volunteers who have regularly scheduled unsupervised access to children under the age of 16 years, developmentally disabled persons, or vulnerable adults, to provide the following statement and the subject to background checks concerning adjudication of certain civil and criminal matters identified in RCW: 43.43.8340 Background Checks – Access to Children or Vulnerable Persons – Definitions.

I UNDERSTAND ANIMALS AS NATURAL THERAPY WILL INSTITUTE A NATIONAL BACKGROUND CHECK THROUGH VERIFIED VOLUNTEERS. THE COST OF THAT CHECK IS \$19.00 AND WILL BE BORNE BY EACH VOLUNTEER. AN EMAIL INVITATION TO COMPLETE AN ON-LINE APPLICATION WILL BE E-MAIL AFTER THE SUBMITTAL OF ALL DOCUMENTS ATTACHED.

Also, as required by statute, I am disclosing the extent to which there has been a civil adjudication or criminal conviction regarding the following matters:

Applicant of Inquiry (please provide as much information as possible: name and date of birth are mandatory) (please print full name clearly)

Applicant's Name (Last) _____ (First) _____ (Middle) _____

Date of birth: (month/day/year) _____ **Sex** _____

Alias/Maiden Names: _____

1. Convicted of crimes against children or other persons: **Have Not** **Have Been**
Explanation: _____
2. Convicted of crimes relating to financial exploitation of a vulnerable adult: **Have Not** **Have Been**
Explanation: _____
3. Found to have sexually assaulted, exploited or physically abused a minor in a dependency action under RCW 13.34.040 **Have Not** **Have Been**
Explanation: _____
4. Found to have sexually assaulted, exploited or physically abused a minor in a domestic relations proceedings, Title 26 RCW: **Have Not** **Have Been**
Explanation: _____
5. Found in any disciplinary board final decision to have sexually abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult: **Have Not** **Have Been**
Explanation: _____
6. Found in a court in protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult: **Have Not** **Have Been**
Explanation: _____

SIGNATURE OF VOLUNTEER: _____ **Date:** _____

SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18): _____

ANT VOLUNTEER APPLICANT INTERESTS

Help us get to know your!! We love that you want to be here, and we want to find the best fit for your unique gifts.

Why do you want to volunteer with Animals as Natural Therapy? What attracted you to this program?

Please describe your experience, if any, working with youth and/or animals.

What are your passions, interests and skills? (e.g. I love building things, I am a harpist, Origami is my joy, I am a wordsmith, I love to play well with others....)

ANT Volunteer Opportunities

Name: _____ Date _____

Please circle the appropriate number to indicate your level of interest in the following volunteering options. Add any notes or questions for your clarification or ours.

3 = "Absolutely, count me in" and

2 = "If there is nothing else available, this might work"

1 = "Actually, I'd rather be cleaning my bathroom tile....."

CHORES

1 2 3 Small Animal Care & Maintenance (weekly)

1 2 3 Horse Care & Maintenance (weekly)

1 2 3 Grounds Maintenance (to be arranged)

1 2 3 Structure Repair / Construction - Experienced with construction tools

1 2 3 Tractor Operator - Experienced

1 2 3 Buck Hay (occasional)

PROGRAM

1 2 3 Mobile ANT Intergenerational Project & Community Outreach

1 2 3 Photography & Video

1 2 3 Program Mentor (weekly commitment each quarter for at least one school year)

1 2 3 Kidz Dayz / Summer Day Camp

ADMINISTRATIVE

1 2 3 General Office

1 2 3 Board Member

1 2 3 Fundraising

1 2 3 P.R. / Marketing

1 2 3 Special Events

Animals as Natural Therapy Confidentiality and Child Protection Agreements

Confidentiality of Participant Information: All information concerning Animals as Natural Therapy participants, former participants, our staff, volunteers, and financial data is confidential. “Confidential” means that you are free to talk about Animals as Natural Therapy and your position, but you are not permitted to disclose participants’ names or talk about them in ways that will make their identity known. The board of directors, staff, and our participants rely on paid and volunteer staff to conform to this rule of confidentiality.

Agreement of Confidentiality: I agree to treat as confidential all information about clients or former clients and their families that I learn during the performance of my duties as _____ (position title), and I understand that it would be a violation of policy to disclose such information to anyone without a Release of Information agreement.

Signature _____ Name _____ Date _____

Rule of Three: As part of our overall safety plan, adults and youth follow the “Rule of Three” guideline. This guideline means that no one is in a group with less than three people. In situations in which the “rule of three” cannot be followed, staff will monitor safety in the following ways:

- Participants and staff check in with the group or other instructor to explain their need to leave the group.
- Instructors assess the amount of time a solo activity requires and monitor whether this has been exceeded.
- The instructor/counselor may pull a participant aside, or a participant may request private time with a staff person or mentor, but these activities will occur within sight of the group.

I agree to follow the Rule of Three to avoid ever being one-on-one with a youth out of sight of others.

Signature _____ Name _____ Date _____

If you suspect abuse, or a child discloses abuse or neglect happening to them or another youth:

1. Discuss the situation with the instructor(s) or counselor leading the session. If possible, contact the Program Coordinator or Executive Director immediately.
2. As appropriate, based on the conversation with the counselor or instructor, fill out the DSHS Suspected Child Abuse Report Form (see addendum). Note: if unsure whether or not to call CPS, err on the side of calling. CPS will let you know whether or not the information warranted a call.
3. If possible, call Child Protective Services Intake Line at **(866) 829-2153** or law enforcement immediately. If not possible, call CPS or law enforcement within 48 hours of the time the child disclose information about abuse.

I have read ANT’s policies about the Prevention of Child Abuse and I agree to follow ANT’s protocol for responding to any suspected abuse or neglect of a youth.

Signature _____ Name _____ Date _____