

DATE: _____

DATE TRAINED: _____



HOPE SPRINGS EQUESTRIAN THERAPY, INC.

VOLUNTEER APPLICATION

Name: _____

Address: _____

E-mail address: _____ **Birth date:** _____

Phone Numbers: Home: _____ **Office:** _____ **Cell:** _____

When is the best time to reach you? _____

Emergency contact (required):

Name: _____ **Relationship:** _____ **Phone:** _____

Demographic data (optional – individual answers are private; data is used only in aggregate):

Sex (circle one): F M T NB Other **Race:** _____ **Disability (if any):** _____

Do you have previous experience working with horses? Please specify.

Do you have any physical conditions that would impact your ability to help with a lesson (e.g., knee, back, or shoulder problems)? Please specify.

Do you have previous experience working with children and adults with disabilities?

List any other skills or training you have which may be of benefit to our program:

Please check the area(s) which most interest you:

- Leader/Side walker (during weekly lessons) Camps Barn Chores Maintenance
- Special Events (e.g., horse shows) Fundraising Community Relations Photography

Please circle the lesson time(s) you are able to assist with as a regular (weekly) volunteer:

Lessons last one (1) hour for all riders. We do ask that you get to the barn a few minutes early.

| | | | | | | | |
|--------------------|-----------|---------------|-------|------|--------|---------|------|
| Sunday | 10:00 | 11:00 | 12:00 | 1:00 | 2:00 | 3:00 | 4:00 |
| Monday | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 | 6:00 | |
| Tuesday | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 | 6:00 | |
| Wednesday | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 | 6:00 | |
| Thursday | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 | 6:00 | |
| Friday | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 | 6:00 | |
| Horse Camps | 9:00–1:00 | Saturday s | June | July | August | Holiday | |

By signing below, I agree to indemnify, defend, and hold harmless Hope Springs Equestrian Therapy, Inc. and Peace by Piece Farm, and their respective employees, agents, and representatives, from and against all claims, demands, causes of action, losses, costs, and expenses (including reasonable attorneys' fees) (collectively, "Losses") arising in favor of any person on account of or as a result of my negligence or willful misconduct, or bodily injury and property damage resulting from or incident to my involvement with Hope Springs Equestrian Therapy, Inc.

Volunteer's Signature

Date

Parent or Guardian's Signature (if Volunteer is under 18 years of age)

Date

Note: The State of Pennsylvania now requires on-line Mandated Reporter Training for ALL volunteers (regardless of age) interacting with children. In addition, all volunteers 18 or older are required to complete certain clearance reports. Before working with our riders, you will be required to complete both Volunteer Training at Hope Springs and state-mandated reports applicable to you. See following pages for Instructions.



Please complete and email this Volunteer Application to:

volunteer@hope-springs.org

or postal mail to:

HOPE SPRINGS EQUESTRIAN THERAPY
P.O. BOX 156, CHESTER SPRINGS, PA 19425
BARN: 1800 Art School Road, Chester Springs, PA 19425
(610) 827-0931 www.hope-springs.org

*Thanks for your interest in volunteering at Hope Springs!
Our Volunteer Coordinator will contact you to schedule your training.*



Hope Springs Volunteer Code of Conduct

As a Hope Springs volunteer, I agree that while serving as a volunteer, I will:

- Provide for the general welfare, health and safety of all Hope Springs riders and volunteers.
- Dress and act in an appropriate manner at all times.
- Wear a mask whenever in the barn with students.
- Follow the established rules and guidelines of Hope Springs.
- Report any emergencies to the appropriate authorities after first taking immediate action to ensure the health and safety of the participants.
- Abstain from the consumption or use of all alcohol, tobacco products and illegal substances while assisting with any therapeutic riding session or day camp delivered by Hope Springs.
- Not engage in any inappropriate contact or relationship with riders, volunteers, instructors or other participants delivering therapeutic riding services at Hope Springs.
- Complete Volunteer training and the necessary clearances as required of all volunteers who participate in lessons or work closely with riders served by Hope Springs.

Volunteer's Name (Printed)

Volunteer's Signature

Date

PENNSYLVANIA STATE LAW REQUIRED CLEARANCES AND TRAINING FOR VOLUNTEERS AT HOPE SPRINGS EQUESTRIAN THERAPY

Requirements 1-3 apply to every adult, age 18 or older, to volunteer in the state of Pennsylvania.

Requirements 4 and 5 apply to EVERY VOLUNTEER, regardless of age.

You cannot serve as a volunteer at Hope Springs without completing requirements that apply to you.

1. PA ACT 113 (PA CHILD ABUSE HISTORY CLEARANCE, FOR ALL ADULTS 18+)

There are two options for completing your PA Child Abuse History Clearance: On-Line or By Mail.

On-Line is much faster and strongly encouraged. For both options, you will need the following information:

- Addresses where you have previously lived; partial addresses are acceptable;
- Names of all individuals with whom you have lived to include parents, guardians, siblings, spouses, etc.
- Any previous names you have used or have been known by
- \$10 application fee*, payable by credit/debit card when applying on-line or money order by mail.

* A recent amendment will soon make applications for volunteers free of charge.

1a. PA ACT 113 ONLINE INSTRUCTIONS (RECOMMENDED METHOD)

Visit: <https://www.compass.state.pa.us/CWIS/Public/Home>

Click on "CREATE A NEW ACCOUNT" and scroll to the bottom of the next page and click Next. Fill in the necessary information. You will be emailed a temporary password from the Commonwealth of Pennsylvania; copy and paste the temporary password to log in. Go back to the link above and click "Log In," then click "Access My Clearances." On the "Learn More" page that will be displayed, scroll down to bottom right and click "Continue." Log in with your temporary password and change your password to a password known only to you. Log in again with your own chosen password. Read "Terms and Conditions," and click "I have read and fully understand and agree to the My Child Welfare Account Terms and Conditions." Click "Next" button on bottom right of page. Review the "Learn More" page. When ready, click "Continue" at the bottom right and create your Clearance Application. When finished completing this on-line application, **you may be presented with immediate clearance history results.** Save this clearance history report (a PDF file). You will also receive this same clearance history report by mail.

1b. PA ACT 113 BY MAIL INSTRUCTIONS (TAKES 4-6 WEEKS)

Visit: http://www.dhs.pa.gov/cs/groups/webcontent/documents/form/s_001762.pdf

Download and complete the CY 113 CHILD ABUSE HISTORY CLEARANCE FORM, mail it to the address indicated, and wait for the results to be mailed back to you. It may take 4-6 weeks to receive your clearance history report by mail. Please be sure to make a photocopy of the completed form along with the receipt for any payment sent with the form. **On this form the appropriate box to check for Purpose of Clearance is "Volunteer".**

2. PA ACT 34 (PA CRIMINAL RECORD CHECK, FOR ALL ADULTS 18+)

There are two options for completing your PA Criminal Record Check Report: On-Line or By Mail.

It is highly recommended that you complete this application online as you will receive your results instantly.

2a. PA ACT 34 ONLINE INSTRUCTIONS (RECOMMENDED METHOD)

Visit: <https://epatch.pa.gov/home>

Select "New Volunteer Record Check." When completing the form, use **VolunteerFREE** for the **Reason for Request** dropdown field. When completed, click on the "Certification Form" button and print and save the

results page with the state seal watermark.

2b. PA ACT 34 BY MAIL INSTRUCTIONS (TAKES 4-6 WEEKS)

Visit: <https://epatch.state.pa.us/RecordCheckHome.jsp>

If you are unable to complete the online Criminal Record Check, you may fill out a printed copy of this form and mail it to the appropriate address listed on the form. It may take 4-6 weeks to receive your record check letter.

3. PA ACT 153 (FEDERAL CRIMINAL HISTORY FINGERPRINTING, FOR ADULTS 18+ WHO HAVE LIVED OUT OF STATE AT ANY TIME DURING THE PAST 10 YEARS)

Visit: <https://www.education.pa.gov/Educators/Clearances/CHRI/Pages/Applicant-Procedures.aspx>

Your Applicant Type will be DHS Volunteer (service code: 1KG6ZJ). Read all instructions very carefully. All applicants **MUST** register at this website or by phone at 1-888-321- 2101 prior to visiting an approved fingerprinting location to have your fingers printed. Applicants are required to pay a one-time fee of \$27.50, either online by credit card, or at the fingerprinting site by money order or cashier's check. Print, save, and take your application receipt to an approved fingerprinting location. Approved fingerprinting locations can be found by visiting: <https://www.identogo.com/>

You will receive your Federal Criminal History Clearance letter by postal mail within a few weeks of having your fingers printed. For people with dry or cracked fingertips, you may be asked to return to be printed again – don't be alarmed if this happens; they are just trying to get readable prints.

4. PA ACT 31 (MANDATED REPORTER ONLINE TRAINING, FOR ALL VOLUNTEERS)

Every person who assists a child receiving a lesson, camp, etc., at Hope Springs is considered by the State of Pennsylvania as a "mandatory reporter" of child abuse. As such, you are required by law to complete Mandated Reporter Training, an on-line training course that can take anywhere from less than an hour to 2 hours.

Visit:

<https://www.reportabusepa.pitt.edu/>

Click on the Registration tab in the upper middle portion of the screen. Complete the registration process in order to log in. Please log in and complete the on-line training course. Upon completion of the course, please save or print out the certificate. You **MUST** complete this online training before you can begin to volunteer. The online training is free to the public, and helps you understand what it means to be a mandated reporter.

5. SUBMIT ELECTRONIC OR PAPER COPIES OF ALL CLEARANCES, TRAINING CERTIFICATE, AND SIGNED STATEMENT TO VOLUNTEER COORDINATOR

You must submit copies of all required PA and Federal Clearance Reports that apply to you, as well as your Mandated Reporter Training Certificate and one of the following forms to the Hope Springs Volunteer Coordinator. If possible, email electronic copies (PDFs) to volunteer@hope-springs.org. You may also bring paper copies to training or your first volunteer shift, but remember that you cannot volunteer without completing the requirements that apply to you.

*If you already have clearance reports (steps 1-3) that you purchased for yourself within the past year, copies of these reports may be submitted to Hope Springs. However, by state law, if your clearance reports were paid for by an employer or another agency, you must obtain new clearance reports for Hope Springs.

All HSET Volunteers over the age of 18 must complete one of the following forms, as applicable.

Signed Statement for HSET Volunteers (ages 18+) subject to Requirement #3a

In compliance with the Federal Clearance requirement (6344(b)(3)) in PA House Bill 1276 and Act 153, I

(full written name)

do affirm that **I resided within Pennsylvania for the entire past ten years.** I swear and affirm that **I am not disqualified from service pursuant to section 6344(c)** and have not been convicted of an offense similar in nature to crimes listed in section 6344(c). I am applying to participate as an unpaid volunteer in the Hope Springs Equestrian Therapy (HSET) program and will obtain my ACT 113 (CHILD ABUSE HISTORY CLEARANCE) and ACT 34 (CRIMINAL RECORD CHECK) and will complete the Mandated Reporter Training online and bring records of all of these actions to the Volunteer Coordinator at Hope Springs Equestrian Therapy before assisting riders with lessons, camps, etc., at HSET.

(Signature)

(Date)

..... OR

Signed Statement for HSET Volunteers (ages 18+) subject to Requirement #3b

In compliance with the Federal Clearance requirement (6344(b)(3)) in PA House Bill 1276 and Act 153, I

(full written name)

do affirm that **I resided outside of Pennsylvania at some time during the past ten years.** I am applying to participate as an unpaid volunteer in the Hope Springs Equestrian Therapy (HSET) program and will obtain my ACT 113 (CHILD ABUSE HISTORY CLEARANCE), ACT 34 (CRIMINAL RECORD CHECK), **and FBI FEDERAL CRIMINAL HISTORY (FINGERPRINTING)** and will complete the Mandated Reporter Training online and bring records of all of these actions to the Volunteer Coordinator at Hope Springs Equestrian Therapy before assisting riders with lessons, camps, etc., at HSET.

(Signature)

(Date)