



Rainbow Center, 4-H Therapeutic Equestrian Program
8033 Ashton Ave, Suite 105
Manassas, VA 20109
(703) 754-6159
www.rainbowriding.org

Volunteer Personnel Standards and Practices Code

The Rainbow Center, 4-H Therapeutic Equestrian Program, Inc. volunteers must conduct themselves in a professional manner and in accordance with the standards and guidelines described below:

1. Volunteers will perform duties as assigned by arriving on time, following the directions of Rainbow staff, and adhering to all Rainbow policies.
2. Individuals must complete annual training provided by Rainbow Center to be considered as a volunteer.
3. Volunteers must complete all required paperwork including Liability Release form, Information and Health form, Standards and Practices Code form, etc. prior to performing volunteer duties
4. Volunteers will always perform their duties with courtesy and respect for the students, the public, and for co-workers. Volunteers will be without bias or prejudice, based on age, race, culture, religion, national origin, gender, sexual orientation, disability, political affiliation, or socioeconomic status, as demonstrated by words or conduct.
5. If a volunteer is unable to perform their duties, they must give notice to the Volunteer Coordinator as early as possible (preferably at least 24 hours) so a replacement can be made.
6. Volunteers will seek to maintain and improve their personal and professional growth and development through participation in educational programs relevant to their duties and through any training and on-site coaching.
7. Volunteers will respect the privacy of students and hold in confidence all information obtained from student or parent, co-workers or other persons in the course of the professional service.
8. Volunteers will not report to work at any time under the influence of alcohol or illegal substances and shall not use such substances during work hours, including a meal time or break which will be followed by the return to work.
9. Rainbow Center is a non-smoking facility and volunteers will refrain from smoking in the equestrian areas.
10. Volunteers will not misuse, steal, or damage the property of Rainbow Center.
11. Volunteers will not falsify or alter any Rainbow Center records or reports.
12. Volunteers will not endanger others or reduce the efficiency of the work place through horseplay, pranks, or practical jokes.
13. Beverages must be in plastic containers. No glass bottles.

A copy of this form shall be placed in the volunteer's personnel file. Rainbow Center reserves the right to dismiss volunteers for violations of the Code or other behavior that is detrimental to the Rainbow Center program.

Volunteer Personnel Standards and Practices Code

I acknowledge that I have received, read, and understand the Rainbow Center Volunteer Personnel Standards and Practices Code. I understand that this is not a contract, but is a set of guidelines, which all volunteers are to adhere to in carrying out their duties. I further understand that this Code does not supersede any other personnel policy and procedure. I further understand that a violation of this Code may result in disciplinary action up to and including dismissal as a volunteer of the Rainbow Center.

I agree to abide by this Standards and Practices Code:

Volunteer Name: _____
(Please Print)

Volunteer Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____



Rainbow Center, 4-H Therapeutic Equestrian Program
 8033 Ashton Ave, Suite 105
 Manassas, VA 20109
 (703) 754-6159
 www.rainbowriding.org

Volunteer/Staff Information Form and Health History

General information

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Phone: (H) _____ (W) _____ E-Mail _____

Employer/School _____

Address: _____

Parent/Legal Guardian Name and Address: _____

How did you learn about the program? _____

Recent medical tests: Last Tetanus Shot: _____ Tuberculosis Test + -- Date: _____
 (Consult your physician or local health department if you are not up to date with these shots/tests)

Health History

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

Check which areas you are interested in:

Program

- Horse Handling
- Sidewalking with a Student
- Stable Management
- Facility Repairs

Special Events

- Horse Show
- Fundraising
- Special Olympics
- Trail Rides

Administration

- Public Relations
- Grant Writing
- Newsletter
- Volunteer Recruitment

- Photography/Video
- Budget & Finance
- Future Planning

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: _____ Date: _____
 (volunteer/staff)

Volunteer/Staff Information Form and Health History (Cont'd)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Photo Release

I DO
 DO NOT

Consent to and authorize the use and reproduction by Rainbow Center, 4-H Therapeutic Equestrian Program of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the center.

Signature: _____ Date: _____

Background Information

Have you ever been charged with or convicted of a crime? Y N: please explain _____

I, _____ (volunteer/staff), authorize Rainbow Center to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly **DO NOT** authorize the HARHA center, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____
(Volunteer/Staff)

CURRENT DRIVER'S LICENSE Y N LICENSE NUMBER: _____ STATE _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this HARHA center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor

Signature: _____ Date: _____
(Volunteer/Staff)



Rainbow Center, 4-H Therapeutic Equestrian Program
 8033 Ashton Ave, Suite 105
 Manassas, VA 20109
 (703) 754-6159
 www.rainbowriding.org

Authorization for Emergency Medical Treatment Form

Participant Staff Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physicians Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to Medications: _____

Current Medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

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 Rainbow Center 4-H Therapeutic Equestrian Program to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent Plan

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

Date: _____ Consent Signature: _____

Client, Parent, or Legal Guardian

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.

- *Parent or legal guardian will remain on site at all times during equine assisted activities
- *In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Consent Signature: _____

Client, Parent, or Legal Guardian

