

SALTSPRING THERAPEUTIC RIDING ASSOCIATION VOLUNTEER APPLICATION FORM

RK:
RK:

SALTSPRING THERAPEUTIC RIDING ASSOCIATION Confidentiality Policy

The maintenance of confidentiality is a key requirement of staff members, instructors and volunteers working with SSTRA. The purpose of confidentiality is to safeguard information about individuals associated with SSTRA. The following is SSTRA's policy with respect to confidentiality:

Definitions:

- A. Confidential information: This is any information that could identify a person participating in any SSTRA program. This could include their name, address, phone number, or any physical, personal, family or financial information.
- B. Individual and Family Records: This includes any or all written or printed lists, records, files or data pertaining to participants of SSTRA programs or SSTRA instructors and volunteers.
- C. SSTRA property: Any documentation and records referred to in this document will remain the property of SSTRA
 - No policy on confidentiality can be established which will fit all needs and circumstances,. It should be stressed that the maintenance of confidentiality requires tact, common sense and an appreciation of privacy.
 - Instructors, volunteers and staff have an obligation to safeguard an individual's right to confidentiality with regard to such information. This can refer to any information that is spoken or printed.
 - As part of their orientation to SSTRA, instructors, volunteers and staff will be given a copy of the confidentiality policy and sign that they have read it and will carry out the policy

Internal Handling of Confidential information:

- Individuals have a right to view or access information on their own file while parents or guardians have the right to view or access information on their minor child.
- An individual or his/her parent/guardian must give written consent before any confidential information can be released or distributed externally.
- Confidential information pertaining to SSTRA (donor and sponsor lists, financial information, personnel information, etc) will not be released unless one has authorization of the Board of Directors.

Access to Confidential Information:

Access to confidential information is limited to instructors, assistant instructors, authorized volunteers or individuals with a "need to know" in order to carry out their duties.

I have read and agree to carry out the Confidentiality Policy of SSTRA.

	•	•	•	•
Date:				
Volunteer/Instruc	ctor/Staff	Signature:		

CONSIDERATIONS WHEN WORKING WITH PEOPLE WHO HAVE DISABILITIES

- 1. You will meet people with a variety of challenges: physical, emotional and intellectual. Each person will be unique in his or her own way.
- 2. All riders have abilities, skills, desires and dreams. While being aware of a person's needs, try and learn what their strengths are. This could be a sense of humour, patience, or a desire to help.
- 3. Provide support in a respectful way, and only when needed or requested. You can give too much support; experience is the ultimate teacher.
- 4. For those who have a hard time expressing themselves, behaviour can be a powerful means of communication. The more you get to know a person the better you can understand their behaviour. Anger does not always mean you are at fault.
- 5. Consistency of support can be very important. For those with emotional or intellectual challenges change is a difficult thing to deal with. If possible, try to work with a single individual as consistently as you can.
- 6. As a volunteer you may be working closely with people so you should observe the same ethical standards of the helping professions:
 - Confidentiality
 - Responsibility
 - Do no harm



SALTSPRING THERAPEUTIC RIDING ASSOCIATION WAIVER/PHOTO RELEASE

I acknowledge the risks and potential for risks of a horseback riding program. In consideration of the acceptance of my registration and/or participation in the therapeutic riding program operated by and under the control and/or management of the SaltSpring Therapeutic Riding Association ("the Association") I knowingly assume all risks attendant thereto and hereby release, waive and forever discharge the Association and the owners of the land on which the program is being delivered, their respective officers, employees, agents, coaches/instructors, therapists, volunteers representatives, successors and assigns from any and all claims or actions of any kind for personal injuries sustained during the program.

I agree to abide by the rules and regulations of the Association.

In case of an accident arising out of the above-named activity, I give permission for medical assistant to be administered to the below named.

I further give permission to the Association and to any person designated by the Association to make photographic and/or other recordings of the below named, for promotional printed material, educational activities, exhibitions, and to publish or display same INCLUDING on social media or for any other use for the benefit of the program AND to share my e-mail particulars with other volunteers and the Board and staff of the Association.

I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE ABOVE:

Name of Rider/participant::		
Signature:	Date:	
Name of Parent/Guardian		
Signature:	Date:	
Name of Guest/Volunteer/Coach		
Signature:	Date:	

BENEFITS OF THERAPEUTIC RIDING FOR PEOPLE WITH DISABILITIES

- IMPROVEMENT OF BALANCE
- DEVELOPMENT OF COORDINATION
- MOBILIZATION OF TRUNK AND PELVIS
- STRENGTHENING OF MUSCLES
- NORMALIZATION OF MUSCLE TONE
- PREVENTION OF CONTRACTURES
- INCREASED CONFIDENCE AND SELF-ESTEEM
- IMPROVEMENT OF ATTENTION SPAN
- PROMOTION OF INDEPENDENCE
- IMPROVEMENT OF SOCIAL INTEGRATION
- ACCESS TO RECREATION, SPORT, AND/OR COMPETITION