



PO Box 172, Ridgway, PA 15853
 www.bigmaplefarmnt.net
 bmftinc@gmail.com
 (814) 387-3571

Volunteer Application

Name: _____ Date of Birth: _____
 Date: _____ Address: _____
 City: _____ County: _____
 Zip: _____ Home Phone: _____ Cell Phone: _____
 Email(PRINT): _____

Employer or School District: _____
 Address: _____

Does your employer match funds or support volunteerism in any way? _____

How did you hear about Big Maple Farm's Natural Therapies, Inc.? _____

Additional family member(s) in my home will also be volunteering at BMFNT
 Or I will be volunteering with a group, which is:

A case-manager or aid will be accompanying me/us.

Name: _____ Organization: _____
 Phone: _____

I am volunteering at BMFNT to fulfill a community service requirement for (Circle):

School Church Court Other (specify): _____

Hours required: _____ Due date: _____

Reason: _____

BMFNT staff is 100 % volunteer. Our volunteers assist wherever there is work to be done. We would like to know the tasks which you would like to do and for which you are qualified. Check all that apply.

Horse Leading	Side Walking	Gardening	Art Work	Fund Raising
Small Animal Feed, Water, Brush	Small Animal Enclosure Cleaning	Tacking up and Simple Grooming	Telephone Contacting	Barn and Stall Cleaning
Photography/ Video Taping	Horse Feeding and Watering	Special Events Organization	Volunteer Coordination	Volunteer Recruitment



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Please list any medical considerations that might limit your volunteer activities:

Have you ever owned a horse? (if yes, please include when, how long, type of riding, breed, etc)

My horse skills are (check all that apply):

<input type="checkbox"/>	Canter/Lope	<input type="checkbox"/>	Western	<input type="checkbox"/>	Trot	<input type="checkbox"/>	Jump	<input type="checkbox"/>	Walk
<input type="checkbox"/>	Jumping	<input type="checkbox"/>	Hunt seat	<input type="checkbox"/>	Driving	<input type="checkbox"/>	Trail Riding	<input type="checkbox"/>	Pleasure
<input type="checkbox"/>	Dressage	<input type="checkbox"/>	None	<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>	

My previous experience with a therapeutic riding program:

Prior experience working with people with disabilities:

Are you currently certified in (Circle): CPR First Aid

Do you have any other prior Volunteer experience:

Interests/Hobbies

I (circle one) **cannot/can** walk and jog (mostly walk) next to a horse for up to ½ hour at a time.

I (circle one) **would/would not** be interested in receiving emailed Quarterly Newsletters from BMFNT.

I understand that no liability can be accepted by any organizations or individuals concerned with this instruction, including Big Maple Farm's Natural Therapies, Inc., in the event of any accident occurring.

Volunteer Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Parent Name (please PRINT): _____



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Volunteer Release Forms

Volunteer Liability Release

I, _____ would like to participate in Big Maple Farm's Natural Therapies, Inc. program as a volunteer. I acknowledge the risks and potential of risks of such a program, however, I feel that the possible benefits to myself/my son/my daughter/ my ward are greater than the risk assumed. I hereby intend to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Big Maple Farm's Natural Therapies, 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 as a volunteer in the program at Big Maple Farm's Natural Therapies, Inc.

Signature: _____ Date: _____
(volunteer, parent or guardian)

Witness: _____
(Must be a board member when turning form in) – Thank you for your cooperation!

Photo release (optional)

I [PLEASE CHECK ONE: CONSENT _____ DO NOT CONSENT _____] to and authorize the use and reproduction by Big Maple Farm's Natural Therapies, Inc. of any and all photographs and any other audio/visual materials taken of me/my son/my daughter/ my ward for promotional material including printed materials, websites, social media sites, educational activities, exhibitions or for any use for the benefit of the program.

Signature: _____ Date: _____
(volunteer, parent or guardian)



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Authorization for Emergency Medical Treatment

Volunteer Name: _____ In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, volunteering or while being on the property of Big Maple Farm's Natural Therapies, Inc., I, the signature volunteer, or guardian of said volunteer, authorize Big Maple Farm's Natural Therapies, Inc. to: 1. Secure and retain medical transportation and medical/dental treatment if needed. 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 contact below is unable to be reached 2. Release client record upon request to the authorized individual or agency involved in the medical emergency treatment. Every effort will be made to notify significant other/parents/guardians immediately in case of emergency.

EMERGENCY CONTACT #1

Name: _____
Relationship: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

EMERGENCY CONTACT #2

Name: _____
Relationship: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

ANY KNOWN ALLERGIES OR MEDICAL CONDITIONS:

MEDICAL INSURANCE INFORMATION

Name of Company: _____
Phone: _____
Name of Member: _____
Policy # _____
Group Number: _____

I agree to be responsible for the cost of such emergency medical care.

Signature of adult volunteer: _____ Date: _____
Signature of Parent/Guardian: _____ Date: _____



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Volunteer Clearances

Dear Friends of Big Maple Farm's Natural Therapies,

We cannot Thank you enough for wanting to volunteer with us! The animals and we greatly appreciate all the help we can get ☺ We know that in the end you will be rewarded in many ways as well. Before volunteering with us we must ask that you receive your clearances and complete a mandated reporter training course. We as an organization, must have a copy of these on record and will ask for an update of them according to state and federal mandates. This is important so that we can keep our participants, animals, and other volunteers safe. Receiving your clearances and completing the course as a volunteer is FREE unless you are required to obtain your FBI background check. At the current time, BMFNT must ask for the following documents:

Criminal history background check: <https://epatch.state.pa.us/>
(Completely free for volunteers and it directs you where to go once on the site)

Child abuse Record Check: <https://www.compass.state.pa.us/cwis/public/home>
(Completely free for volunteers. You create an individual login and complete your record check)

FBI Background Check: https://www.pa.cogentid.com/index_dpw.htm
(Costs \$30 and must be completed with fingerprinting. Once registered you can take to a local location and be fingerprinted- *****YOU ONLY HAVE TO COMPLETE THIS CHECK IF YOU HAVE NOT LIVED IN PA FOR THE LAST 10 (TEN) YEARS !!!)

Mandated Reporter Training: www.reportabusepa.pitt.edu..
(Free for individuals - You must complete and individual login and we must make a copy of the certificate)

Disclosure Statement attached: Please sign and complete the attached Disclosure statement if you are not required to obtain your FBI clearances.

We ask that you bring a copy of each item along with the application. If you are required to do the FBI clearance it will be mailed to you, please be sure to remember to bring the original FBI clearance (Blue) to BMFNT staff so we can make a copy. Please remember we do this to keep our participants safe and these are Federal and State mandates. We greatly appreciate your cooperation in this matter. We cannot run this program without our volunteers. Participant, Volunteer, and Animal Safety is of the utmost priority! We greatly appreciate all that everyone does here!

Thank you again and we look forward to working with you for many years!

Sincerely,

Amanda Balon
President of BMFNT



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DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS
Required by the Child Protective Service Law
23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking a volunteer position and AM NOT required to obtain a certification through the Federal Bureau of Investigation (FBI), as:

- the position I am applying for is unpaid; and
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I understand that if I have not been a resident of Pennsylvania during the entirety of the previous ten-year period, but have received certification from the FBI since establishing residency, I must provide a copy of the certification to my employer and am not required to obtain any additional FBI certifications.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from service as outlined below or have not been convicted of an offense similar in nature to a crime listed below under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25 (relating to criminal homicide)
Section 2702 (relating to aggravated assault)
Section 2709.1 (relating to stalking)
Section 2901 (relating to kidnapping)
Section 2902 (relating to unlawful restraint)
Section 3121 (relating to rape)
Section 3122.1 (relating to statutory sexual assault)
Section 3123 (relating to involuntary deviate sexual intercourse)
Section 3124.1 (relating to sexual assault)
Section 3125 (relating to aggravated indecent assault)
Section 3126 (relating to indecent assault)



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Section 3127 (relating to indecent exposure)

Section 4302 (relating to incest)

Section 4303 (relating to concealing death of child)

Section 4304 (relating to endangering welfare of children)

Section 4305 (relating to dealing in infant children)

Section 5902(b) (relating to prostitution and related offenses)

Section 5903(c) (d) (relating to obscene and other sexual material and performances)

Section 6301 (relating to corruption of minors)

Section 6312 (relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.



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I understand that certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: _____ Signature: _____

Witness: _____ Signature: _____