



Take the Reins

Staff and Volunteer Forms Packet

ALL RIDERS UP
265 Mattson Road
Garnet Valley, PA 19061-1410

Phone: (610) 459-0879 Fax: (610) 558-9901
allridersup@comcast.net

www.allridersup.org

Marcia Laver, Executive Director

Dear Prospective Volunteer,

Thank you for your interest in volunteering. Riding Programs all over the world depend to a great extent on a caring and reliable volunteer staff. Without you and the gift of your time, energy and skills, we would not exist to offer our services to our community.

Please join us then as we accept the challenge to “take the reins” and preserve our mission:

We provide equine assisted activities to encourage individuals with special needs in reaching their potential for physical, behavioral, and social development in an environment of recreation and fun.

Please cooperate with ARU and the professional organization, PATH Int'l (Professional Association of Therapeutic Horsemanship), with whom we hold Premier Accreditation, by completing the forms included in this booklet as soon as possible and in the order we suggest. Although there quite a few forms to complete, I assure you that all the information we request is important! As a measure of our concern for the safety and well being of our clients and staff, and in accordance with PA law, if you are 18 years or age or older, we require that you submit a clear Pennsylvania Criminal Background Check and an FBI Fingerprint Background Check. Because many of our students are under the age of 18 it is also required for their protection that a Sexual Abuse History Check be conducted on all persons who have contact with students. Recent changes to the law in Pennsylvania have reduced the fees for these clearances to a nominal amount for all volunteers.

All Riders Up is deeply appreciative of our volunteers. Whether you clean a stall, assist during lessons, staff fund raising events or hold a horse for the farrier, your service is valued. My door is always open to you, and I am never more than a phone call away to give you the support you need.

Warm regards and my heartfelt thanks,

Marcia Laver

All Riders Up Executive Director

Packet Contents

Required Forms

(all forms must be signed and dated by the applicant and the parent/guardian if the applicant is under 21 years of age)

Bring the following form with you on your first in-person visit to ARU

- ☐ Waiver and Release – Page 4

The following forms must be completed and turned into the ARU office before you begin your volunteer hours or training:

- ☐ Authorization for Emergency Medical Treatment – Page 5
- ☐ Volunteer/Staff Information and Health History – Page 6
- ☐ Photo Release/Photographic Understanding/Agreement of Confidentiality – Page 7
- ☐ Volunteer Information – Pages 8 and 9
- ☐ Required Training – Page 10
- ☐ Rules for the Barn, Property and Arena - Pages 11 and 12
- ☐ Procedures Leading to Dismissal from Center Activities – Page 13
- ☐ Basic Horse Safety Rules - Pages 14 and 15

When you have completed your orientation and tour and done all the necessary reading, complete the form below and submit to the office.

- ☐ Statement of Understanding and Certification of Compliance – Page 26

Required Clearances, Instructions and Sample Forms

You may proceed with your orientation and hands-on training while you wait for these clearance certificates to be returned by the state but you may not work with our students until all required clearances have been filed with the ARU office. We urge you to begin the process of obtaining clearances as soon as you are confident that you would like to volunteer at ARU!

- ☐ PA State Police Criminal Record Check (required for all volunteers and staff 18 years of age and older) – Page 16
 - Volunteer Criminal Record Check Form - Page 18
 - Staff Criminal Record Check Form – Page 19
- ☐ PA Child Abuse History Clearance – (required for all volunteers and staff 18 years of age and older) - Page 17
 - PA Child Abuse History Certification Form and Instructions – Pages 20 through 23
- ☐ Commonwealth of PA/Dept of Public Welfare FBI Fingerprint based record check OR ACT 153 Volunteer Affidavit – Page 17 contains instructions on which applies and the process for obtaining each.
 - ACT 153 Volunteer Affidavit – Pages 24 and 25

RELEASE: ALL VISITORS AND PARTICIPANTS (OR PARENT OR GUARDIAN IF UNDER 21) MUST SIGN THIS RELEASE, WAIVING LEGAL RIGHTS AGAINST ALL RIDERS UP, SWAN LAKE ARABIANS, AND ARTHUR AND MARCIA LAVER. IF YOU DO NOT SIGN A RELEASE YOU WILL NOT BE PERMITTED ON THE PROPERTY.

WAIVER AND RELEASE

I, _____, a visitor to or participant in the All Riders Up equine assistance program or Swan Lake Arabians equine program (the "Program") or the parent or legal guardian of a visitor or participant in the Program, am aware that all activities involving horses, including but not limited to riding, driving, grooming, leading, and/or any events involving horses, pose many inherent dangers, risks, and hazards. These include but are not limited to bodily injury and physical harm to riders, instructors, therapists, aides, groomers, leaders, handlers, side walkers, photographers, spectators and/or any other helpers. I freely and fully assume all dangers, risks, and hazards and the possibility of injury, death, property damage or other loss resulting from such dangers, risks, and hazards. I understand that I or my child or ward should not participate in the Program or visit the property unless medically able. I agree to comply with Program rules and regulations, directions, instructions, and/or safety precautions given by Program employees, instructors, therapists, aides, and volunteers. My or my child's or ward's participation in the Program or visit to the property is upon the express agreement and understanding that I have received, read, and understand this Waiver and Release.

In consideration of my or my child or ward's participation in the Program or visit to the property, I hereby, for myself and any participant for whom I am a parent or legal guardian, release, discharge, hold harmless, and forever acquit All Riders Up, together with its officers, directors, agents, representatives, employees, instructors, therapists, aides, and volunteers, Arthur and Marcia Laver, in their individual capacities, and Swan Lake Arabians, together with its officers, directors, agents, representatives, employees, and volunteers, from any and all actions, causes of action, losses, claims, or any liabilities whatsoever, including but not limited to illness or injury, known or unknown, now existing or which may arise in the future, which may accrue to me, my heirs, my guardians, administrators, executors, or assignees, including attorneys fees and court costs, on account of or in any way related to or arising out of my or my child or ward's participation in the Program or visit to the property. Finally, I assume all liability of any non-participants who accompany me.

I also grant my permission for a doctor, nurse, or other licensed health care professional to take remedial action in case of an emergency, and I assume all expenses in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. I have had the opportunity to ask any questions that I may have and such questions have been answered to my satisfaction. I have read, understood, and agree to the above.

I understand and confirm that by signing this Waiver and Release that I have given up considerable future legal rights. My signature is proof of my intention to execute a complete and unconditional Waiver and Release of all liability to the full extent of the law.

Visitor's/Participant's Name (please print): _____

Visitor's/Participant's Signature: _____

Date: _____

AGREEMENT AND CONSENT OF PARENT OR GUARDIAN OF MINOR

I, as the parent or guardian of the above visitor or participant, give my permission for my child or ward to participate in the Program or visit the property, and further, in consideration of allowing my child or ward to participate in the Program or visit the property, I agree individually and on behalf of my child or ward to the terms of the above Waiver and Release.

Parent/ Guardian's Name (please print): _____

Parent/ Guardian's Signature: _____ Date: _____

Authorization For Emergency Medical Treatment

ALL RIDERS UP
265 Mattson Road
Garnet Valley, PA 19061-1410
610-459-0879

Name: _____

Allergies: _____

Medications: _____

Primary Care Physician: _____ Phone: _____

Medical Insurance Provider: _____ Policy # _____

Emergency Contact: _____ Home phone: _____

Work Phone: _____ Cell Phone: _____

Alternate Contact: _____ Home phone: _____

Work Phone: _____ Cell Phone: _____

Consent Plan: In the event emergency medical aid and or treatment is required due to illness, injury or accident during the process of participating in activities at ALL RIDERS UP or at off site activities sponsored by ALL RIDERS UP, I authorize ALL RIDERS UP personnel to secure and retain medical treatment and transportation if needed for myself or for my minor child or ward, _____ (print legibly).

Authorization includes x-rays, hospitalization, medication and any treatment procedure deemed necessary by the physician or emergency medical personnel. I understand that the paid staff at ALL RIDERS UP is CPR and First Aid Certified, but will defer to emergency medical professionals in any circumstance other than minor illness, injury or accident.

Volunteer (Print Name): _____

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(if volunteer applicant is under 21 years of age)

Parent/Guardian (Print Name): _____

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 providing services or while being on the property of All Riders Up, Swan Lake Arabians and Arthur and Marcia Laver. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Volunteer (Print Name): _____

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(if volunteer applicant is under 21 years of age)

Parent/Guardian (Print Name): _____

Volunteer/Staff Information and Health History

General Information:

Name: _____ Date: _____
Address: _____
Date of Birth: _____ Phone: (home) _____ (cell) _____
Employer/School: _____
Employer/School Address: _____
Parent/Legal Guardian/Caregiver Name/Address/Phone: _____

Health History

Date of last Tetanus Shot: _____
Tuberculosis Test + - Date: _____
(Consult your MD or local health dept. if you are not up to date with these shots)

Allergies:

Medications:

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. Continue on back if necessary. _____

Please circle below to indicate your choice

I DO..... or...I DO NOTrequest emergency care be provided by ARU staff and volunteers if such care is deemed necessary on site.

Signature of staff/volunteer: _____

Print Name/Date: _____

Signature of parent or guardian

if applicant is under 21: _____ Date: _____

Photo Release

I (circle one) do/do not consent to and authorize the use and reproduction by ALL RIDERS UP of any and all photographs and any other audio-visual materials bearing my image for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Volunteer (Print Name): _____

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(if volunteer applicant is under 21 years of age)

Parent/Guardian (Print Name): _____

Photographic Understanding

I _____ hereby agree to abide by All Riders Up Rules and will not make a video or other photo- graphic record of horses, people or activities at ARU unless written permission has been received from the director and anyone to be photographed. In addition, I agree that such photographic permission applies only to my personal use and does not include distribution of any kind including publication or internet posting (i.e. U Tube, My Space, Face Book, etc....)

Volunteer (Print Name): _____

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(if volunteer applicant is under 21 years of age)

Parent/Guardian (Print Name): _____

Agreement of Confidentiality

As a participant in activities at ALL RIDERS UP, I agree to hold in strict confidence those names, all medical, social, referral, personnel, and financial information regarding clients, staff, volunteers or any and all participants at ALL RIDERS UP at any time and in any capacity. In addition, this agreement specifically prohibits the use of any and all recording or photographic equipment within the confines of All Riders Up without the express written consent of the Executive Director and the Board of Directors. I agree to this limitation and also further agree that I am prohibited from making reference to All Riders Up, its clients and activities on the internet or any other vehicle for public distribution. I agree to the above stipulations regarding confidentiality, and further understand that violating this agreement in any way may result in the termination of my association with ALL RIDERS UP, and possible criminal charges.

Volunteer (Print Name): _____

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(if volunteer applicant is under 21 years of age)

Parent/Guardian (Print Name): _____

Volunteer Information

Client Name: _____

Address: _____

City/State/Zip: _____

Home Telephone: _____ Work: _____

Cell Phone: _____ Email: _____

May we add you to the ALL RIDERS UP Volunteer information email list? Yes No

Can you:

Lift 50 – 75 Lbs.? _____ If not how much comfortably? _____

Walk briskly for 50 minutes? _____ Jog for 10 minutes? _____

Bend over for 2-3 minutes while picking feet? _____

Ride a horse for 50 minutes _____ English style _____ Western style _____

What hours are you available? Darken in squares that you can volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
07:00 AM							
08:00 AM							
09:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
01:00 PM							
02:00 PM							
03:00 PM							
04:00 PM							
05:00 PM							

All Riders Up is open seven days a week for lessons. Barn Chore and feeding help is needed every day at approximately 8:00AM and 3:30PM.

Check which activities you are interested in:

_____ Leader _____ Exercising Horses** _____ Volunteer Coordination/Recruitment

_____ Sidewalker _____ Cleaning Tack _____ Board of Directors

_____ Stable Help _____ Fund-raising/event staff _____ Therapy Instructor **

_____ Facility Maintenance _____ Publicity/Marketing _____ Budget/Finance

_____ Feeding _____ Collecting Donations** _____ Newsletter _____ Photography/Video

** For more information, see the Director about requirements

Volunteer Information Cont.

Please describe your horse experience if any:

Please describe your experience working with people with disabilities if any: _____

How did you learn about us? _____

Please list two personal references we may contact:

1.

Name: _____

Address: _____

Phone: _____

2.

Name: _____

Address: _____

Phone: _____

Required Training

I understand that I must complete the following training required by All Riders Up:

_____ Phase I Watch ARU volunteer training videos
(Date Completed)

_____ Phase II Complete PATH, Intl. online course* and submit a certificate of
(Date Completed) completion to the ARU office. (If you do not have access to a computer, please alert the Director immediately so other arrangements can be made.)

_____ Phase III Read All Riders Up Staff and Volunteer Handbook, Disability
(Date Completed) Etiquette Guide, Hands-on Training Workbook, Hazards and Emergency Safety Procedures and PA State Law requirements regarding mandatory reporting (page 5 of the Staff and Volunteer Handbook.) Complete all required forms posted in the Volunteer and Staff Forms Packet.

_____ Phase IV Submit to ARU a Clear PA State Police Criminal
(Date Completed) Record Check, PA Child Abuse History Check and an FBI Fingerprint Based Record Check or ACT 153 Volunteer Affidavit, if applicable

_____ Phase V Receive hands on training with your All Riders Up
(Date Completed) mentor

(Signature)

(Date)

* Course Registration Instructions: email Kimberly Price (kprice@pathintl.org) to register for on-line Course Item #96003. Provide her with you name, your address and your email address. Let her know that you are affiliated with All Riders Up, center member number 76748. Allow 3-5 working days for Path, Intl. to process the order. You will receive an email which provides instructions, password and log in information needed to complete the course. There is no charge for this course. Please don't forget to print the completion certificate and bring it to the ARU office for your file!!

Rules for the Barn, Property and Arena (Page 1 of 2)

THESE RULES APPLY TO EVERYONE ADMITTED TO ALL RIDERS UP, SWAN LAKE ARABIANS AND THE PROPERTY OF ARTHUR AND MARCIA LAVER.

Copies of the General Rules for Property and Barn will be provided to every visitor when he/she arrives and signs in. **Please return this page, with your signature, to the ARU administrative office.**

- The driveways are to be traveled at speeds of no more than 5 MPH. The safety of children, those with special needs and our animals are our greatest concerns.
- The private areas of the property are off limits. These include but are not limited to:
 1. The house
 2. The spring house
 3. The streams central and north of the barn and arena
 4. The pond along the north border of the property
 5. The pool area and pool house
 6. Private vehicles (cars, trucks, horse trailer, ATV, tractor and lawn mower)
- The family dogs are friendly but should be in the house when students are here,. Please let us know if they are out, They should not be encouraged to come down to the barn or arena,
- No visiting pets are permitted on the premises, nor are any animals allowed to be left in parked vehicles. Service dogs are exempt but should be “in hand.”
- All participants and visitors are required to register and execute the liability waiver prior to or immediately upon arrival.
- NO SMOKING in the barn, arena or the immediate vicinity
- No one will be admitted to the barn and/or arena unless they have signed in and property executed the ARU liability waiver.
- No one may ride without an ASTM-SEI approved helmet which has been securely fastened.
- Turn cell phone on silent or vibrate.
- No personal stereos or music
- No weapons, alcohol or illegal drugs
- No foul language
- No physical or emotional mistreatment or abuse of a client, staff member, volunteer, visitor or horse

Volunteer (Print Name): _____

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(if volunteer applicant is under 21 years of age)

Parent/Guardian (Print Name): _____

Rules for the Barn, Property and Arena (Page 2 of 2)

- Parents and guests must stay in the observation area while the lesson is being conducted. NO ONE SHOULD BE IN THE BARN EXCEPT STAFF, TRAINED VOLUNTEERS AND STUDENTS. Please recognize that this rule is in place out of concern for your safety and that of our participants. We cannot give our students our complete attention if we have to be responsible for others, particularly sibling children in the barn and arena areas. A walk-through of the barn can be scheduled if desired.
- Parents must inform the lesson instructor if they are leaving the site during the lesson.
- Only staff and trained approved volunteers may handle horses except when students are working with them under the direct supervision of their instructor or a volunteer approved by the center.
- No one is to ride, lead, groom, exercise or otherwise interact with the horses unless they have been directed to do so by an instructor or center staff member.
- Horses are not to be led by anyone without halter and lead line.
- Only staff and approved volunteers may transfer horses to and from pastures.
- All lights and fans are to be turned off when not in use.
- All equipment is to be inspected for damage and replaced after use.
- Bits are to be rinsed off before being returned to the tack room.
- NO ONE is to be mounted within the barn or overhang areas.
- No more than 3 horses are to cross-tied or groomed within the barn at one time.
- Stall doors and tack room doors are to be kept closed.
- No equipment (saddles, clippers, brushes etc.) is to be left in the aisles.
- Horses are not to be given treats by anyone unless directed to do so by the instructor. Frequent hand feeding encourages horses to enter the personal space of the people around them and possibly bite.
- Please take all personal items and trash with you when you leave.

Volunteer (Print Name): _____

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(if volunteer applicant is under 21 years of age)

Parent/Guardian (Print Name): _____

Procedures Leading to Dismissal of Volunteers and Guests from Center Activities

All Riders Up relies greatly on volunteers as important members of the team that provides services to and assists our clients. We also recognize the extreme importance of the safety and well being of our clients, volunteers, staff, guests, and animals.

All staff and volunteers are expected to conduct them selves in a strictly professional manner when interacting with students and families. ARU has a Zero Tolerance for any form of Sexual Harassment or unwanted physical contact. All volunteers and guests are expected to follow All Riders Up rules and policies and may not engage in disruptive, unsafe or inappropriate behavior. In the event a volunteer or guest does not comply, the following actions may be taken:

Level 1 Verbal Warning

Breaking of All Riders Up rules and/or policies and procedures may be followed by verbal warning from the Director or Board President and be documented in the incident report book.

Level 2 Written Warning

Breaking of All Riders Up rules and/or policies and procedures for a second time will be followed by a Personnel Committee meeting for discussion regarding the infraction. The purpose of the meeting is to determine the exact reason the infraction occurred for a second time and discuss with the volunteer/guest how to avoid the circumstance ever occurring again. The meeting will be documented and placed in the incident report book.

Level 3 Dismissal from the organization

Immediate Dismissal from the property and organization will occur for:

- Endangering the safety of others
- Inappropriate use of the facilities, mailing lists, or monies
- Disruptive or abusive behavior to the animals or people at All Riders Up
- Repeated disregard of the organizations’ rules, policies and procedures
- Possession of a weapon
- Presence on the property under the influence of alcohol or drugs

I have read and understand the policies and program rules by which All Riders Up Therapeutic Riding Center operates. By signing below I indicate my willingness to abide by these rules and policies. I further understand that failure to comply with these policies and rules may result in discharge from the program.

Volunteer (Print Name): _____

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(if volunteer applicant is under 21 years of age)

Parent/Guardian (Print Name): _____

Basic Horse Safety Rules (Page 1 of 2)

Always approach a horse from the side or front, speaking calmly to alert him or her to your presence. Never approach a horse from the rear. Encourage the horse with your voice or by holding your hand out to get the horse to turn towards you. Even in a stall, the horse should turn to face you. If a horse cannot see you, he is more likely to kick.

- REMEMBER: Horses are creatures of REACTION (Fight or Flight); so always let the horse know where you are. Horses may kick, bite, strike and or bolt if startled.
- REMEMBER horses' eyes are on the sides of their heads and approximately 2 feet in front of their head is a "blind spot." They cannot see your hand when you pat their noses and this may cause them to jerk their heads up so keep your head in a protected position when handling a horse.

When haltering a horse, first place the lead rope over its neck, then standing with your right shoulder by their head, place the halter on. Never lead a horse by the halter alone.

Take the lead rope down, clip it to the halter, and hold excess in a figure 8 pattern in your left hand, with your right hand about 6-8" from their chin. You are ready to lead the horse now. Always lead on the horse's left side, unless you are asked to change sides by the therapy instructor during lesson.

- Use a safe lead rope and both hands when leading. The excess lead should be folded in a figure 8 pattern and held in the hand furthest from the horse.
- DO NOT EVER wrap the lead around your hand or wrist. DO not allow the lead or reins to drag on or near the ground – the horse or leader could step on it and trip or become entangled.
- Always lead the horse with your body positioned between the throat latch and shoulder. Your hand closest to the horse should be 6-8 inches away from his chin. Horses need to be able to move their heads as they walk.
- Do not pull down on the lead as this causes pressure on the horses head and can make him irritable. A short, light quick correctional "tug" is all that is needed if you want him to slow down or pay attention.
- If the horse will not move forward, try turning his head away from you, or walking him slightly to the left or right of your original path. This comes in handy with the donkey!!
- When several horses are being led together, travel single file with 2 horse lengths between you and the horse ahead of you. Keep a safe distance apart and stay alert.
- When two or more horses leave a pasture the first ones out should be walked up to a safe spot and stopped until everyone is out, the gate is closed and everyone is ready to walk on. Otherwise the last horse, watching others leave without him, might panic and try to bolt. They are herd animals and don't like being left alone.
- Make sure that all gates and doors are always closed and secured. If it is open, close it – even when the pasture is empty or your horse is the last one to leave – close the gate behind you.

When leaving a stall or walking through a gate, make sure that the gate is opened far enough. Pasture gates should be opened far enough to comfortably move the horse in or out, but not wide enough for other horses to escape.

If you are not comfortable turning out or bringing in horses when they are in a group, ask for help. Make sure the horse you are leading is all the way through the gate before turning him/her so the horse does not hit its hips on the gate.

- If the horse rears, release the hand closest to the horse's head so that you will not be jerked off the ground.
- You weigh a lot less than any horse; you cannot "out pull" him.
- If a horse pulls back, step with him rather than pull against him. If he continues to pull back – LET GO and CALL FOR HELP don't risk being dragged!! **Do not run after him.** Walk quietly toward him to get the lead.
- Always groom and tack horses in the cross ties unless otherwise directed by the instructor.
- ALWAYS walk AROUND your horse, preferably in front UNLESS your horse is tied to the wall.

Volunteer (Print Name): _____

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(if volunteer applicant is under 21 years of age)

Parent/Guardian (Print Name): _____

Basic Horse Safety Rules (Page 2 of 2)

When walking behind a horse, talk to him or her and either walk body to body (very close) keeping a hand on his/her hind quarters so that he knows you are there or stay at least 15 away from the rump. A kick is more forceful when you are about 3 feet away – avoid being at that distance. Do not walk under a horse's neck – always go around the front of their head. Do not crawl under a horse's belly. Reach under from a standing position facing the front or go around.

Do not leave horses alone in the cross-ties. Set out grooming equipment and tack before you get your horse.

If a tie horse pulls back on the cross-ties, he/she should break off and free the horse. Become familiar with “quick release” cross ties. Go to the horse and make sure he is not injured then walk him back up and have someone other either hold him while you retie the cross tie to the eye hook, or hold him while someone else reties it. If you, another volunteer, student or the horse is injured, alert the instructor immediately.

Never leave a halter or tack on a horse unattended in a stall.

When releasing a horse into a stall, stop outside the stall then have “walk on” into the stall. Provide enough lead to turn him around so that he is facing you while your back is to the door. Talk to him quietly as you are taking the halter off. If you are unsure or if the horse is being troublesome, please throw the lead rope over the horse's neck to give you something to hold onto while you remove the halter. After releasing the horse, step back, close the stall door then turn and walk calmly away.

When releasing a horse into a pasture, halters are left on, but the entry procedure is the same as when a stall is entered. The horse is to turn toward you as you remove the lead. Halters are left on.

- Do not encourage the horse to take off as soon as the halter has been removed.
- Never yell and try to make horse run away from you. In turning, he may kick out or knock you down.
- Make sure that you have room to move away quickly if necessary.

Do not drag the lead rope (or reins) on the ground at any time. When hanging them up, make sure they are not hanging on the ground. Please do not lay tack on the ground. Use racks and hooks provided in the aisle. Do not allow girths or cinches, etc., to drag on the ground.

Do not cross tie a horse with a bridle and reins.

- Always tie your horse with a halter and a lead – NEVER the reins – at wither height to a strong pole or O ring using a quick release knot in the lead when you are not using cross ties.

When grooming, do not kneel on the ground. Bend over instead so that you can leave the area quickly if the horse becomes agitated.

- When grooming and tacking, work from the horse's side with your back to the horse's head.
- THINK SAFETY! The student will be likely to do as you do.

Clean up manure if your horse soils the aisle.

Last person out at night does a safety check :

- Are all gates securely shut?
- Do the horses have ample water (full buckets or at least ½ full tank in the pen).
- Are the horses behaving normally? Eating, not rolling excessively or stretching, exhibiting symptoms of colic or injury? Did they finish their food? Are they coughing or appear to be choking? Breathing heavily?
- All outside doors or gates to the barn aisle shut?
- All lights out?

Notify the Instructor or Director immediately if you notice anything out of the ordinary on a horse (swelling, cuts, blood), Facility (broken door or gate, leaks or other damage) or tack (broken or worn straps, frayed girth/cinch, missing pieces)

Volunteer (Print Name): _____

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(if volunteer applicant is under 21 years of age)

Parent/Guardian (Print Name): _____

Clearances Required for All Volunteers

These checks are required by Pennsylvania law for all those who wish to volunteer at All Riders Up for the safety of all our staff and volunteers. Anyone directly involved in the care of children in our state must complete these checks and the official results must be kept on file at our site. We are sure you recognize this as an important, mandatory step we must require in the registration of new staff and volunteers. Your willingness to have the checks done promptly is appreciated. We cannot pay for the checks for everyone and want you to know that we very much appreciate your willingness to absorb the cost as part of your commitment to being involved at All Riders Up. These background checks must be done, as PA law requires, for everyone who is 18 years of age or older.

1. Pennsylvania State Police Criminal Record Check

Required by Act 34 of 1985 and Act 114 of 2006, as amended, for all prospective employees of public schools, private schools and their contractors' employees who will work in direct contact with children. This is one of the three clearances required by the Commonwealth and ARU. The fee for volunteers has been waived. If you are staff (i.e. paid employee) you must submit a money order or certified check for \$8.00 with your application. If you apply online, please print your certificate and submit it to the ARU office. If you mail in your request, please bring your certificate to the office when you receive it from the Commonwealth. We will retain the certificate in your volunteer file.

There are two methods of requesting a Criminal Record:

- **Online Request** - The Pennsylvania State Police has established a web-based computer application called "Pennsylvania Access to Criminal History," (PATCH). The website is <https://epatch.state.pa.us/Home.jsp>. You may pay the fee, if applicable, via credit card if you apply online. Using this system a requester can apply for a criminal background check on an individual. Eighty-five percent of the time, "No Record" certificates are returned immediately through the internet to the requester. Please print your certificate and submit it to the ARU office. If you have submitted your criminal history request on-line and know your control number (issued at time of request), you can enter it into the PATCH site to check the status of your request. If you do not know your control number, or for additional criminal history request questions call the PATCH Help Line toll-free at 1-888-QUERY-PA (1-888-783-7972)
- **Submit a Request Form** - The form (included in this handbook on page 18 for volunteers and page 19 for staff) is to be submitted to:

Pennsylvania State Police Central Repository
1800 Elmerton Avenue
Harrisburg, PA 17110-97589

Please note that it may take four weeks or more for a response if you mail a hard-copy form. It is much more expedient to apply on line if you are able.

2. Pennsylvania Child Abuse History Clearance

The form and all the necessary instructions to complete this clearance are also included in the handbook on pages 20 through 23. There is no on-line option to apply for this clearance. The completed form must be sent to the address on the form for processing. Please note that, if you are a volunteer, check the box labeled "Volunteer having contact with children" in the Purpose for Certification section. Under "Other", write in "therapeutic equestrian center." By choosing these options, the fee for this certification will be waived. As a volunteer, you may obtain a free certification every 57 months.

3. Commonwealth of Pennsylvania/Department of Public Welfare FBI fingerprint based record check OR Act 153 Volunteer Affidavit

A fingerprint based federal criminal history (FBI) submitted through the state police or its authorized agent is NOT required if:

1. The position the volunteer is applying for is unpaid and
2. The volunteer has been a Pennsylvania resident continuously for the past 10 years.

If these above two conditions apply to you, please see pages 24 and 25 in this packet and complete the "Act 153 Volunteer Affidavit." This affidavit must be notarized and the usual fee for notarizing such a document is about \$5.00. You are certainly free to have this affidavit notarized by a notary public of your choice. ARU also has a notary public on staff who will notarize the affidavit for you at no charge.

If you are not exempt from obtaining the FBI fingerprint based check, based on the above two criteria, then please continue and learn how to secure the third required clearance.

All of the following individuals are now required to submit Federal Bureau of Investigation criminal history back- ground checks in addition to child abuse and Pennsylvania State Police background checks or an ACT 153 Volunteer Affidavit as a condition of employment/approval

- Prospective foster and adoptive applicants and their adult household members;
- Individuals who want to operate child care facilities;
- Individual who want to work in child care facilities;
- Individuals seeking to operate child care services;
- **Individuals applying for employment with a significant likelihood of regular contact with children;**
- Self-employed family day care providers;
- Family day care home household members age 18 and over who live in the home at least 30 days in a calendar year;
- Community Rehabilitation Residential (CRR) host home families; and
- Respite provider families.

The Department of Public Welfare is utilizing Cogent Systems to process fingerprint-based FBI record checks.

The fingerprint based background check is a multiple step process. Effective July 1, 2008, the Cogent Systems Web site www.pa.cogentid.com/dpw, allows individuals to register online. When the online registration process has been completed, print the registration form and take it with you to a convenient Cogent site where your fingerprints will be taken and recorded with the FBI. The Cogent Systems website has lists of the places in your area where this fingerprinting is done. The cost of obtaining the FBI criminal record check is \$35. Once again, when you have received your background check certificate (usually within two weeks) please bring it to the office and we will keep it in your volunteer file.

You can proceed with orientation and hands on training while these checks are being processed however, they must all be completed for you to continue your participation at All Riders Up.

PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK
VOLUNTEER ONLY

1-888-QUERYPA (1-888-783-7972)

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. A response may take four weeks or longer.

TRY OUR WEBSITE FOR A QUICKER RESPONSE<https://epatch.state.pa.us>

REQUESTER NAME	
ADDRESS	
CITY/STATE/ ZIP CODE	
TELEPHONE NO. (AREA CODE)	

**FOR CENTRAL REPOSITORY USE ONLY
CONTROL NUMBER**

AFTER COMPLETION MAIL TO:

PENNSYLVANIA STATE POLICE
CENTRAL REPOSITORY – RCPU
1800 ELMERTON AVENUE
HARRISBURG, PA 17110-9758

SUBJECT OF RECORD CHECK				
(FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE
VOLUNTEER'S AGENCY/ORGANIZATION (MANDATORY)		TELEPHONE NUMBER		
<p>The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only.</p>				
<p>By signing this form, I verify that I am submitting this request for criminal history record information in connection with my status as an unpaid volunteer. I understand that the \$8 fee is being waived because of my status as an unpaid volunteer.</p>				
REQUESTER SIGNATURE (*Signature required for processing*)		DATE		
<p>WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.</p>				

Homeland Security is Everyone's Responsibility - Pennsylvania Terrorism Tip Line 1-888-292-1919

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK
1-888-QUERYP (1-888-783-7972)**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. *A response may take four weeks or longer.*

TRY OUR WEBSITE FOR A QUICKER RESPONSE

<https://epatch.state.pa.us>

REQUESTER NAME	
ADDRESS	
CITY/STATE/ ZIP CODE	
TELEPHONE NO. (AREA CODE)	

**FOR CENTRAL REPOSITORY USE ONLY
CONTROL NUMBER**

AFTER COMPLETION MAIL TO:

PENNSYLVANIA STATE POLICE
CENTRAL REPOSITORY – 164
1800 ELMERTON AVENUE
HARRISBURG, PA 17110-9758

**DO NOT SEND CASH OR PERSONAL
CHECK**

CHECK ONE BLOCK

INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE
A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF
\$8.00, PAYABLE TO:

"COMMONWEALTH OF PENNSYLVANIA"
THE FEE IS NONREFUNDABLE

NOTARIZED INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY –
ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE
AMOUNT OF \$13.00, PAYABLE TO:

"COMMONWEALTH OF PENNSYLVANIA"
THE FEE IS NONREFUNDABLE

FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

SUBJECT OF RECORD CHECK				
(FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE
<p>The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information <u>contained in the files of the Pennsylvania State Police Central Repository only.</u></p>				
<p align="center">FEES FOR REQUESTS - \$8.00. NOTARIZED FEE REQUESTS - \$13.00. ***MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA ***</p>				
REASON FOR REQUEST				
◀◀◀◀◀CHECK THE BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶				
<input type="checkbox"/> INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. (\$13.00 FOR REQUEST)				
<input type="checkbox"/> ADOPTION (DOMESTIC) <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> VISA <input type="checkbox"/> OTHER				

WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.

Homeland Security is Everyone's Responsibility - Pennsylvania Terrorism Tip Line 1-888-292-1919

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$8.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

Certifications for the purpose of "volunteer having contact with children" may be obtained free of charge once every 57 months.

Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170.

APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT THE CORRECT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

PURPOSE OF CERTIFICATION (Check one box only)

<input type="checkbox"/> Foster parent <input type="checkbox"/> Prospective adoptive parent <input type="checkbox"/> Employee of child care services <input type="checkbox"/> School employee governed by the Public School Code <input type="checkbox"/> School employee not governed by the Public School Code <input type="checkbox"/> Self-employed provider of child-care services in a family child-care home <input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee <input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program <input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent, licensed child-care home, family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year <input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year	<input type="checkbox"/> Volunteer having contact with children If purpose is volunteer having contact with children, choose SUB PURPOSE: <input type="checkbox"/> Big Brother/Big Sister and/or affiliate <input type="checkbox"/> Domestic violence shelter and/or affiliate <input type="checkbox"/> Rape crisis center and/or affiliate <input type="checkbox"/> Other: _____ <input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below) <div style="display: flex; justify-content: space-between;"> <div>_____ SIGNATURE OF OIM/CAO REPRESENTATIVE</div> <div>_____ OIM/CAO PHONE NUMBER</div> </div>
---	--

AGENCY/ORGANIZATION NAME:

PAYMENT AUTHORIZATION CODE, IF APPLICABLE:

☐ Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.

APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reported	DATE OF BIRTH (MM/DD/YYYY)	AGE

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children; adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child-care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

HOME ADDRESS	MAILING ADDRESS (if different from home address)	OTHER ADDRESS (if Consent/Release of Information Authorization form is attached)
ADDRESS LINE 1	ADDRESS LINE 1	ADDRESS LINE 1
ADDRESS LINE 2	ADDRESS LINE 2	ADDRESS LINE 2
CITY	CITY	CITY
COUNTY	COUNTY	COUNTY
STATE/REGION/PROVINCE	STATE/REGION/PROVINCE	STATE/REGION/PROVINCE
ZIP/POSTAL CODE	ZIP/POSTAL CODE	ZIP/POSTAL CODE
COUNTRY	COUNTRY	COUNTRY
<input type="checkbox"/> Different mailing address	ATTENTION	ATTENTION

CONTACT INFORMATION

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER
EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.)		

CY 113 8/15

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

PREVIOUS NAMES USED SINCE 1975 (Include maiden name, nickname and aliases.)			
First	Middle	Last	Suffix
1.			
2.			
3.			
4.			
5.			

PREVIOUS ADDRESSES SINCE 1975 (Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.)
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

HOUSEHOLD MEMBERS (Please list everyone who lived with you at any time since 1975 to present. Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.)				
Name (First, Middle, Last)	Relationship	Present Age	Gender	
1.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you			
2.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

I affirm that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT'S SIGNATURE

DATE

CHILDLINE USE ONLY		
DATE RECEIVED BY CHILDLINE	SUFFICIENT PAYMENT INFORMATION RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> VALID PAYMENT AUTHORIZATION CODE <input type="checkbox"/> WAIVED (supervisor initials) _____	CERTIFICATION ID #

INSTRUCTIONS TO COMPLETE THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION APPLICATION:

General:

- Type or print clearly and neatly in ink only.
- If obtaining this certification for non-volunteer purposes or if, as a volunteer having contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$8.00 money order or check for each application. No cash will be accepted. Personal, agency, or business checks are acceptable. Certifications for the purpose of "volunteer having contact with children" may be obtained free of charge once every 57 months. If no payment is enclosed for a non-volunteer purpose, you must provide a payment authorization code, otherwise your application will be rejected and returned to you.
- **DO NOT SEND POSTAGE PAID RETURN ENVELOPES** for us to return your results. Results are issued through an automated system generated mailing process.
- Certification results will be mailed to you within 14 days from the date the certification application is received at the ChildLine and Abuse Registry.
- Failure to comply with the instructions will cause considerable delay in processing the results of an applicant's child abuse history certification application.

Purpose of Certification - Do not check more than one box:

- Check the **foster parent** box if applying for purposes of providing foster care.
- Check the **prospective adoptive parent** box if applying for the purpose of adoption.
- Check the **employee of child care services** box if applying for the purpose of child care services in the following:
 - Child day care centers; group day care homes; family day care homes; boarding homes for children; juvenile detention center services or programs for delinquent or dependent children; mental health services for children; services for children with intellectual disabilities; early intervention services for children; drug and alcohol services for children; and day care services or other programs that are offered by a school.
- Check the **school employee governed by the Public School Code** box if you are a school employee who is required to obtain background checks pursuant to Section 111 of the Public School Code and will continue to be required to obtain background checks prior to employment in accordance with that section and on the periodic basis required by Act 153.
- Check the **school employee not governed by the Public School Code** box if you are a school employee not governed by Section 111 of the Public School Code, but covered by Act 153 (pertaining to school employees in institutions of higher education).

Definition of school employee: A school employee is defined as an individual who is employed by a school or who provides a program, activity or service sponsored by a school. The term does not apply to administrative or other support personnel unless they have direct contact with children.

Definition of school: A facility providing elementary, secondary or postsecondary educational services. The term includes the following:

- (1) Any school of a school district.
 - (2) An area vocational-technical school.
 - (3) A joint school.
 - (4) An intermediate unit.
 - (5) A charter school or regional charter school.
 - (6) A cyber charter school.
 - (7) A private school licensed under the act of January 28, 1988 (P.L.24, No. 11), known as the Private Academic Schools Act.
 - (8) A private school accredited by an accrediting association approved by the state Board of Education.
 - (9) A non-public school.
 - (10) An institution of higher education.
 - (11) A private school licensed under the act of December 15, 1986 (P.L. 1585, No. 174), known as the Private Licensed Schools Act.
 - (12) The Hiram G. Andrews Center.
 - (13) A private residential rehabilitative institution as defined in section 914.1-A(c) of the Public School Code of 1949.
- Check the **self-employed provider of child-care services in a family child-care home** if providing child care services in one's home (other than the child's own home) at any one time to four, five, or six children who are not relatives of the caregiver.
 - Check the **individual 14 years of age or older who is applying for or holding a paid position as an employee** box if the employment is with a program, activity, or service, as a person responsible for the child's welfare or having direct contact with children.
 - Check the **individual seeking to provide child care services under contract with a child care facility or program** box if you are providing child care services as part of a contract or grant funded program.
 - Check the box for **individual 18 years or older who resides in the home of a foster parent, licensed child-care home, family living home, community home for individuals with an intellectual disability or host home for children for at least 30 days in a calendar year** if you are an adult household member, excluding an individual with an intellectual disability or chronic psychiatric disability receiving services, in one of these types of settings and require certification.
 - Check the box for **individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
 - Check the **volunteer having contact with children** box if applying for the purpose of volunteering as an adult for an unpaid position as a volunteer with a child-care service, a school, or a program, activity or service as a person responsible for the child's welfare or having direct

CY 113 8/15

volunteer contact with children. In addition, check the box of one of the organizations listed, i.e. Big Brother/Big Sister, domestic violence shelter, rape crisis center. If you are **NOT** applying for a volunteer in one of the organizations listed, please check the **other** box and write the name of the organization in the space provided.

- Check the **PA Department of Human Services employment & training program participant** box if you are applying for the purpose of participating in a PA Department of Human Services employment and training program through a county assistance office (CAO) or the Office of Income Maintenance (OIM). The signature **AND** phone number of the CAO or OIM representative is required. If there is no signature and no phone number, your application will be rejected and returned to you.
- If you were provided a "**PAYMENT AUTHORIZATION CODE**" by an organization, please provide the **agency/organization name** in the space provided and the **payment authorization code** in the space provided.
- Please check the **CONSENT/RELEASE OF INFORMATION** box if you included a payment code in the space above and attached the completed Consent/Release of Information Authorization form to your Pennsylvania Child Abuse History Certification application when you mail it to our office. The Consent/Release of Information Authorization form allows the department to send your results to a third party. If the Consent/Release of Information Authorization form is **NOT** attached to the certification application, the results **WILL** be mailed to the applicant's home address and not to the third party.

Applicant Demographic Information:

- Name - Include the applicant's full legal name. Initials are not acceptable for a first name. If your full legal name is an initial, please provide supporting documentation along with your certification application.
- Social Security number - Include the applicant's social security number. A social security number is voluntary; **HOWEVER, PLEASE NOTE THAT APPLICATIONS THAT DO NOT INCLUDE SOCIAL SECURITY NUMBERS MAY TAKE LONGER TO BE PROCESSED.**
- Gender - Please check one box.
- Date of birth - Fill in the applicant's date of birth (Example: 01/22/1990).
- Age - Fill in the applicant's current age.

Address:

- The address listed must be the applicant's current home address. This is also where the results of the certification will be mailed, unless otherwise noted. If the **different mailing address** box is checked and a mailing address is provided in the "different" mailing address column, the results will be mailed to the "mailing" address and not the "home" address. **Note:** If the consent/release of information box is checked and an "other" address is provided, the results will be mailed to the "other" address.

Contact Information:

- Please provide your home, work or mobile telephone number. Fill in the number where the applicant can be reached in the event that there are questions about the information on the application.
- Please provide an email address. By providing an email address, you are consenting to ChildLine contacting you by email in the event that you cannot be reached by phone. **NO CONFIDENTIAL INFORMATION WILL EVER BE SHARED OR PROVIDED IN AN EMAIL FROM OUR OFFICE.**

Previous Names Used Since 1975:

- The applicant must list any and all full legal names that they have ever had since 1975. This includes maiden names, nicknames, aliases and also known as (aka) names.

Previous Addresses Since 1975:

- List all addresses where the applicant has resided since 1975. The applicant can attach an additional sheet of paper with all of the addresses listed if necessary. If the applicant cannot remember the exact mailing addresses since 1975, filling in as much information as possible about the location is acceptable.

Household Members:

- Include anyone that the applicant lived with since 1975 (parents, guardians, siblings, children, spouse (ex), paramour, friends, etc.). In addition, include the household member's relationship to the applicant, their age (to the best of your knowledge) and their gender. If the applicant was under the age of 18 in 1975, this section **MUST** include the applicant's PARENT(S) or GUARDIAN(S). If this section is left blank, the application will be rejected and returned to the applicant.

Signature:

- Applications **MUST** be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.

CHILDLINE USE ONLY:

- Please DO NOT WRITE in this section. This is for CHILDLINE staff only.

Additional Information:

Applicants can visit <https://www.compass.state.pa.us/CWIS> for more information about submitting the child abuse certification online or to register for a business/organization account.

ACT 153 VOLUNTEER AFFIDAVIT

Commonwealth of Pennsylvania

)
)
)
)
)
)

County of _____

On the _____ day of _____, 2015, before me, a Notary Public, personally appeared the undersigned affiant, who being duly sworn according to law and intending to be legally bound, deposes and says:

- 1) I have been a resident of the Commonwealth of Pennsylvania for the entirety of the previous ten (10) years from the date of this Affidavit.
- 2) I am not disqualified from service as a volunteer as a results of a conviction of one or more of the following offenses listed under Title 18 of the Pennsylvania crimes code (or equivalent crime under federal law or law of another state), or the attempt, solicitation, or conspiracy to commit any of these offenses:

- | | |
|---|----------------------------------|
| a. Criminal homicide | (Chapter 25) |
| b. Aggravated assault | (Section 2702) |
| c. Stalking | (Section 2709.1) |
| d. Kidnapping | (Section 2901) |
| e. Unlawful restraint | (Section 2902) |
| f. Rape | (Section 3121) |
| g. Statutory sexual assault | (Section 3122.1) |
| h. Involuntary deviate sexual intercourse | (Section 3123) |
| I. Sexual Assault | (Section 3124.1) |
| j. Aggravated indecent assault | (Section 3125) |
| k. Indecent assault | (Section 3126) |
| l. Indecent Exposure | (Section 3127) |
| m Incest | (Section 4302) |
| n. Concealing death of a child | (Section 4303) |
| o. Endangering welfare of children | (Section 4304) |
| p. Offenses relating to infant children | (Section 4305) |
| q. Felonies related to prostitution | (Section 5902 (b)) |
| r. Obscene materials/performances | (Section 5903 (c)) |
| s. Corruption of minors | (Section 6301) |
| t. Sexual abuse of children | (Section 6312) |
| u. Felony violation of controlled substances, drug, device and cosmetic act within preceding five-year period | (35 P.S. Section 780-101 et seq) |

- 3) I have not been convicted of an offense similar in nature to those offenses listed in Paragraphs 2 herein 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 hereby affirm that the information in this affidavit is true and correct to the best of my knowledge and belief and that the signature is being made subject 18 Pa.C.S.A. 4903 relating to crimes for false sworn statements which is a misdemeanor of the third degree punishable by up to one year imprisonment.

Sworn and subscribed before me, the day
and year aforesaid.

Affiant

Statement of Understanding and Certification of Compliance

As a mandatory condition of my involvement as a volunteer at All Riders Up, I hereby certify that I have read the following orientation materials that are provided on the All Riders Up website OR I have requested a printed copy of same from the administration and read them.

The following materials are expected to provide me with critical education and an understanding of the policies and procedures to be followed while volunteering at All Riders Up.

Reading the listed materials is only one part of my volunteer orientation. I recognize that I am expected to follow up with a mentor as to any questions I have about orientation materials, and to receive hands on training and practice. I agree to follow up in that manner.

CRITICAL ORIENTATION MATERIALS TO BE READ AND UNDERSTOOD:

- **All Riders Up “Take the Reins” Staff & Volunteer Handbook**
- **All Riders Up Volunteer and Staff “Hands On” Training Workbook**
- **Life Lessons for all Volunteers at All Riders Up**
- **Hazards & Emergency Safety Procedures At All Riders Up**
- **PA State laws regarding mandatory reporting of child abuse and background checks (suggested sources are www.pa-fsa.org/Mandated-Reporters and www.pano.org)**

I hereby agree to the above, and certify to my having complied with the reading requirement:

Printed Name: _____
Signature _____ Date _____

If volunteer applicant is under 21 years of age:

Parent or Guardian _____ (please print)
Parent or Guardian Signature: _____