



The Leaning Post Ranch

A Project of
Panhandle Youth Assistance Program, Inc.
4150 Cedar Springs Road
Molino, FL 32577
Phone: 850-587-5940

Fran Gersin, CAAPII and Newman Gersin, CAAPII, Co-Executive Directors



VOLUNTEER PACKET

Enclosures: (These forms are valid for one year only.)

1. Release and Hold Harmless Agreement**
2. Authorization for Emergency Medical Treatment**
3. Volunteer Information Form and Health History**
4. Confidentiality Policy**
5. HIPAA (Health Insurance Portability and Accountability Act) Statement**
6. Volunteer's Code of Conduct**
7. Photo Release**
8. Volunteer Questionnaire**
9. General Rules for Volunteers
10. Volunteer Information Sheets
11. Glossary

**** NO ONE CAN VOLUNTEER WITHOUT THESE DOCUMENTS SIGNED AND DATED AND RETURNED TO The Leaning Post Ranch.**

PLEASE READ, COMPLETE, SIGN, DATE, AND RETURN



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SIDEWALKING AT A GLANCE

- The main responsibility of the sidewalker is the safety of the rider.
- Keep the rider's attention focused on the instructor.
- Use the "arm over the thigh" hold, unless otherwise instructed.
- Be careful not to offer too much support, or uneven support – it is easy to pull a rider off balance.
- Change side to relieve stress on your arms.
- NEVER leave a rider unattended when changing sides. Take turns switching, or have the instructor step in until you are safely on the other side.
- Maintain your position by the rider's knee.
- Give riders plenty of time to process directions.
- Reinforce the instructor's commands if the rider seems confused.
- Allow the rider to be as independent as possible.
- Make sure your elbows, and the rider's feet, stay off of the horse's sensitive flank area.
- If a rider starts to fall, push him back into the middle of the saddle, if at all possible.
- The left sidewalker is responsible for dismounting during an emergency.
- The sidewalker on the right is responsible for getting the rider's foot clear of the horse and stirrup.
- Be careful with your praises – don't overdo it.
- Minimize talking so the rider may focus – choose one sidewalker to be the talker for reinforcements.

The Role of the Leader

(reprinted from the March/April 1989 NARHA News)

By Susan F. Tucker, NARHA Accreditation Committee

As a volunteer, one of the most challenging duties you could be assigned is the position of leader. A leader's first responsibility is the horse but you must also constantly be aware of the rider, instructor, and any potential hazards in or around the arena. In addition, you must also consider the sidewalkers, making sure there is enough room along the fence, and around obstacles for them to pass.

An effective leader pays close attention to the rider's needs as well as to where the horse is going. This attention reinforces the rider's attempts to control the horse. However, you should not execute an instruction for the rider before he has time to process the information and make an effort to comply. Sometimes it may be appropriate to walk into the corner and stand until the student figures out what to do.

Avoid the temptation to talk to the rider and/or sidewalkers. A rider may get confused by too much input and not know who's in charge. (Instructors often make terrible leaders because they can't keep their mouths shut!)

Figure A (next page) depicts a few faults common among leaders. Here is a leader grimly marching along-head down, one hand on the lead snap, the other inside the coiled end of the rope-dragging a strung-out horse. In a battle with a horse, you lose. You must get the horse to cooperate. Walk alongside the horse, about even with his eye. This position helps keep him in a proper frame, which is more beneficial for everyone.

Talk to the horse; most of them know "whoa," "walk," and "trot," or can learn the words. Watch where you're going and what's happening around you. **Do not** walk backward to look at the rider. It's dangerous for everyone and the horse isn't eager to follow someone who can't see where he is going.

Figure B (next page) shows the correct position for leaders. The lead shank is held with the right hand, 6-12 inches from the snap, allowing free motion of the horse's head. This position is more therapeutic to the rider and less irritating to the horse.

The tail end of the lead should be looped in a figure eight in the left hand to avoid tripping on it. Never coil the rope around your hand. A sudden pull could crush or amputate your fingers.

Use short tugs rather than a steady pull to keep a lazy horse moving. The horse can set himself against a steady pull, but tugs keep him awake. Move out, about 1,000 steps per 15 minutes to provide the most therapeutic benefit.

When you halt for more than a few seconds, stand in front of the horse with your hands on the halter's cheek pieces (if the horse permits) or loosely hold the lead or reins. Standing in front is a psychological barrier to the horse and he will stand more quietly than if he has an easy chance to move out. Don't put your thumbs through the snaffle or halter rings; they could be broken with a toss of the horse's head.

If the worst happens and there is an accident, stay with the horse. There are other people to care for a fallen rider. The situation could easily become more dangerous if there are loose horses running around the arena. Move your horse as far from the fallen student as possible and keep calm. Listen for the instructor's directions.

These suggestions can help you control your horse, be a good aide to a rider and be a valuable assistant to an instructor. You will provide real therapeutic input to your rider, as well as make it safe for them to have run riding. In short, if you lead, we'll be happy to follow.

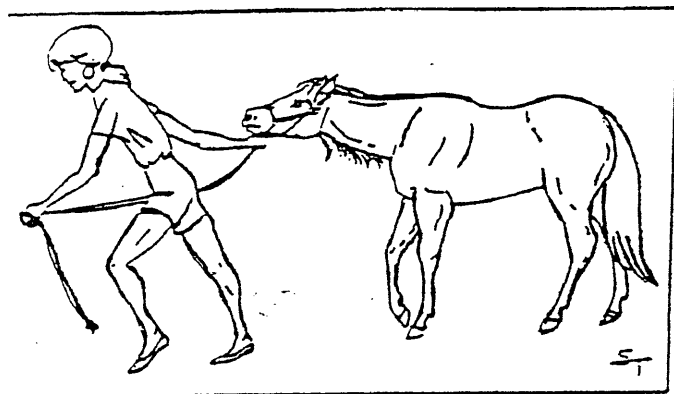


Figure A

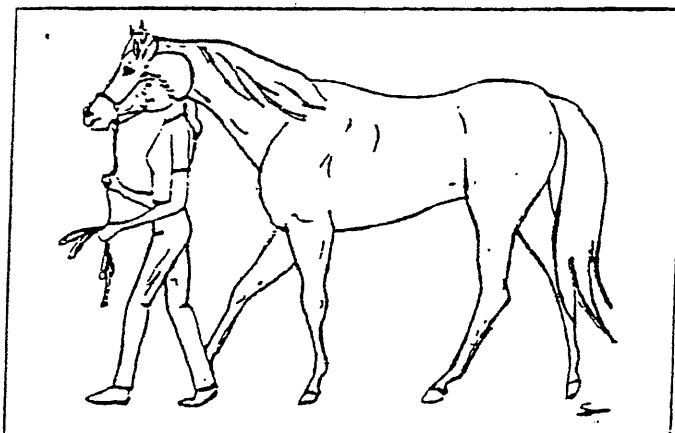


Figure B

Effective Sidewalking
(reprinted from the May/June 1989 NARHA News)
By Susan Tucker and Molly Lingua, R.P.T.

Sidewalkers are the ones who normally get the most hands-on duties in therapeutic riding. They are directly responsible for the rider. As such, they have the capability to either enhance or detract from the lesson.

In the arena, the sidewalker should help the student focus his/her attention on the instructor. Try to avoid unnecessary talking with either the rider or other volunteers. Too much input from too many directions is very confusing to anyone, and to riders who already have perceptual problems, it can be overwhelming. If two sidewalkers are working with one student, one should be the "designated talker" to avoid this situation.

When the instructor gives a direction, allow your student plenty of time to process it. If the instructor says "Turn to the right toward me," and the student seems confused, gently tap the right hand and say, "Right," to reinforce the command. You will get to know the riders and learn when they need help and when they're just not paying attention.

It's important to maintain a position by the rider's knee. Being too far forward or back will make it very difficult to assist with instructions or provide security if the horse should trip or shy.

There are two ways to hold onto the rider without interfering. The most commonly used is the "arm-over-the-thigh" hold. The sidewalker grips the front of the saddle (flap or pommel depending on the horse's size) with the hand closest to the rider. Then the fleshy part of the forearm rests gently on the rider's thigh. Be careful that the elbow doesn't accidentally dig into the rider's leg.

Sometimes, pressure on the thigh can increase and/or cause muscle spasticity, especially with the Cerebral Palsy population. In this case, the "therapeutic hold" may be used. Here, the leg is held at the joints, usually the knee and/or ankle. Check with the instructor/therapist for the best way to assist. In the (unlikely) event of an emergency, the arm-over-thigh hold is the most secure.

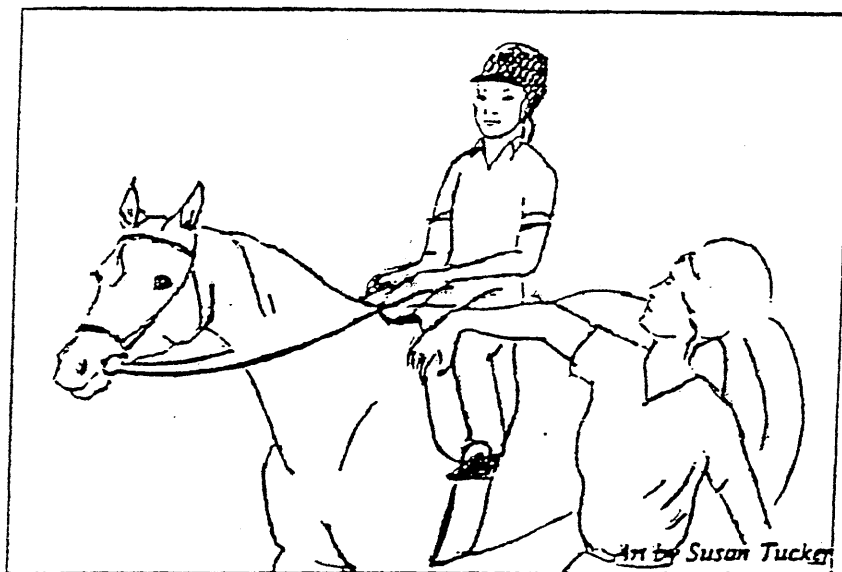
Avoid wrapping an arm around the rider's waist. It is tempting, especially when walking beside a pony with a young or small rider, but it can offer too much and uneven support. At times, it can even pull the rider off balance and make riding more difficult. Encourage your students to use their own trunk muscles to the best of their abilities.

If the instructor chooses to use a safety belt on your rider, be very careful not to pull down or push up on it. As your arm tires it's hard to avoid these movements, so rather than gripping the handle firmly, just touch your thumb and finger together around it. This way you are in position to assist the rider if needed, but you will neither give unneeded support nor pull him off balance. When you are ready for relief for your arm, ask the leader to move into the center to stop and trade sides, one at a time, with the other sidewalker. (Instructors: if your rider has serious enough balance problems to warrant a safety belt, you should probably be using two sidewalkers).

During exercises, pay attention to your student. Sometimes volunteers forget that the riders are to do the exercises and the sidewalkers are to reinforce and assist. The same applies to games. Don't get so competitive that your rider doesn't get to use his skills because you do it for him in an all out effort to win.

The ultimate goal for therapeutic riding is to encourage the rider to stretch and grow to be as normal as he can possibly be. You are right at his side, so help the instructor to challenge him to the best of his ability.

Without you, these programs couldn't exist. We thank you for all you give and challenge you to be the best you can be.



It is the responsibility of the NARHA Certified Instructor, Physical Therapist, Occupational Therapist, Speech Pathologist, etc. to evaluate a rider's posture. This information is provided to the volunteer to enhance your understanding of the basic principles of "ideal" riding position.

Posture & Movement

Position of the Rider

By Lorrie Renker and Martha Biery

All riders strive toward the "ideal" riding position. It should be no different for riders with disabilities. Yet, instructors often appear afraid to make position corrections. So, while not all riders will be able to achieve the ideal position, that doesn't mean you shouldn't try. The rider's position has little to do with looking good and everything to do with being in balance and moving in harmony with the horse. The better the body alignment the better the therapeutic benefits.

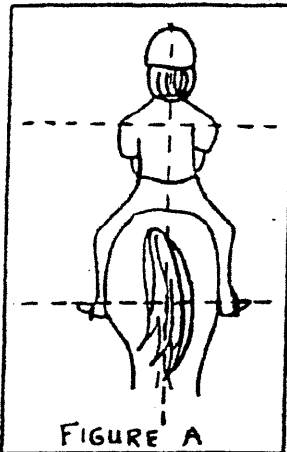


FIGURE A

The best way to evaluate the rider's position on the horse is to step back and view the rider from all angles. The rider may look great from the side but could be off center when viewed from behind. Don't be afraid to make corrections.

Videotapes often show a rider in a poor position for the entire lesson with no attempt made to improve the position. Here are some common problems to look for:

1) When viewed from behind, the rider should sit as straight as possible (Figure A). Many riders sit to one

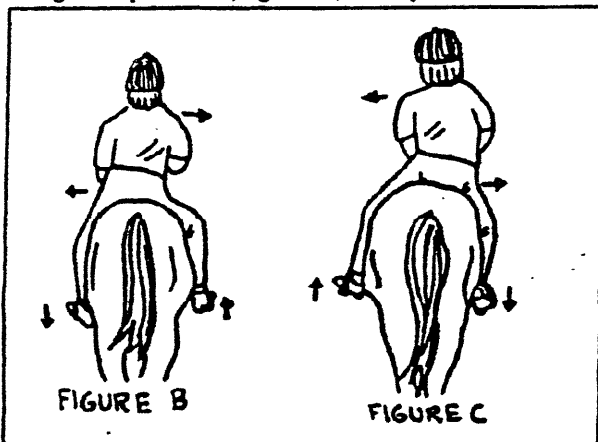


FIGURE B

FIGURE C

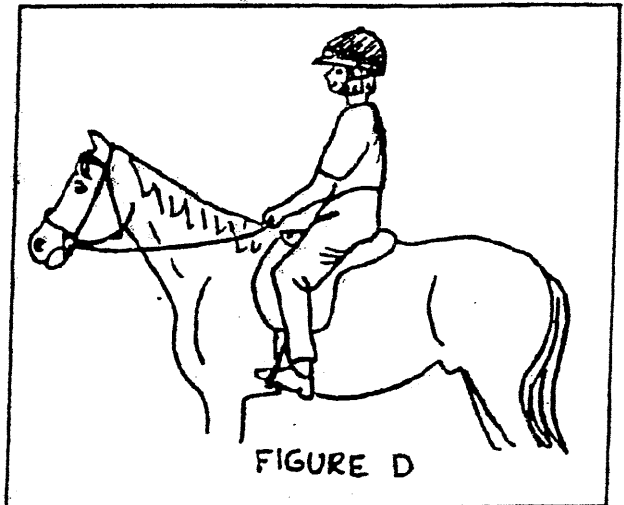


FIGURE D

side, then have to make corrections in the rest of the body to maintain balance. When this imbalance happens, one foot will appear lower than the other. Figure B shows a rider with the left foot lower, the pelvis leaning

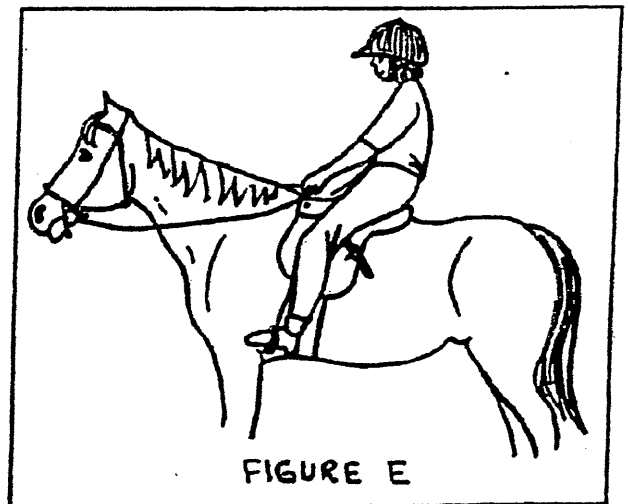
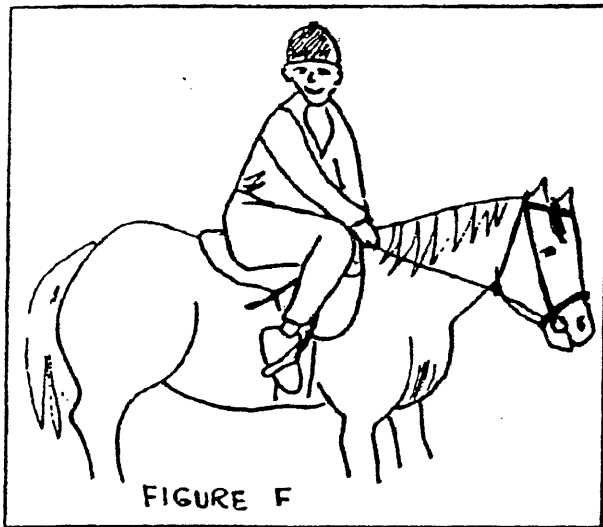


FIGURE E

to the left and the upper body correcting to the right. Figure C shows just the opposite—the right foot lower, the pelvis leaning to the right and the upper body correcting to the left. Neither of these positions help the rider strengthen muscles evenly. Correcting this position usually requires aligning the rider's base (get the butt square in the saddle).

2) When viewed from the side, the rider should sit as straight as possible (Figure D). Videotapes often show riders in the "sofa seat" or C curve (Figure E). Often the rider will sit up if asked. Sometimes the position will reflect the rider's posture off the horse. Encouraging elongation of the leg usually improves the posture. To achieve a better position, it may be necessary to evaluate the type of saddle being used. Is the saddle



level on the horse so that it will encourage a good position? Just placing a bounce pad or lollipop under the saddle does not insure a level saddle. Often the weight of the rider compresses the pad completely, resulting in a backward-sloping saddle. It is literally impossible to keep the leg positioned under the rider's pelvis in these circumstances. Use of a foam pad with more density will help. Ideally, the saddle should be fitted correctly to the horse and the rider.

3) Figure F shows a rider with a toe down and the leg pinched up. This position could indicate a rider with tight adductor muscles, an extreme forward-seat saddle or stirrups that are too short. The rider should be encouraged to lengthen his leg. This lengthening could be achieved by riding without stirrups or by trying a different style of saddle.

The important thing to remember is to constantly evaluate the rider's position. Consider all factors, such as disability limitations, posture off the horse and equipment used. Then work toward improving the rider's position.

UNDERSTANDING HORSE BEHAVIOR

EQUINE SENSES

When developing relationships and working with horses, communication is key. It is critical to provide a safe environment in a therapeutic riding setting. Beginning a process of understanding the horse senses, instincts and implications is a step in predicting behaviors, managing risks and increasing positive relationships.

SMELL:

The horse's sense of smell is thought to be very acute and it allows him to recognize other horses and people. Smell also enables the horse to evaluate situations.

Implications:

- Allow horses the opportunity to become familiar with new objects and their environment by smelling.
- It is recommended that treats are not carried in your pocket since horses may desire to go after them.
- Volunteers should be discouraged from eating or having food in the arena.

HEARING:

The horse's sense of hearing is also thought to be very acute. The horse may also combine their sense of hearing and sight to become more familiar with new or alerting sounds. "Hearing and not seeing" is often the cause of the fright/flight response. Note the position of the horse's ears (*pictures following article*). Forward ears communicate attentiveness and interest. Ears that are laid back often communicates that they are upset and/or showing aggression towards another horse or person.

Implications:

- Horses are wary when they hear something but do not see it. If your horse is acting nervous, talk to him in a quiet and calm voice for reassurance.
- Avoid shouting or using a loud voice. This can be frightening to a horse.
- Watch your horse's ears for increased communication. Stiffly pricked ears indicate interest. Drooping ears indicate relaxation, inattentiveness (easily startled), exhaustion or illness. Flattened ears indicate anger, threat or fear. Ears flicking back and forth indicate attentiveness or interest.

SIGHT:

The horse's eyes are set on either side of the head; there is good peripheral (lateral) vision, but poorer frontal vision. A horse focuses on objects by raising and lowering its head. The horse's visual memory is very accurate. Horses are thought to see quite well in the dark, due to the large size of their eyes. There is still controversy as to whether or not horses see in color.

Implications:

- The horse may notice if something in the arena or out on a trail is different. Allow the horse an opportunity to look at new objects. Introduce new props that the horse may be unfamiliar with.
- The horse has better peripheral vision; consider a slightly looser rein, enabling him to move his head when taking a look at objects.
- Although the horse has good peripheral vision, consider two blind spots: directly in front and directly behind. The best way to approach a horse is to his shoulder. It may startle him if you approach from behind or directly in front. The horse may be unable to see around the mouth area, which is a safety consideration when hand feeding.

TOUCH:

Touch is used as a communication between horses and between horses and people. Horses are sensitive to soft or rough touch with a person's hands or legs.

Implications:

- Handlers should treat the horses gently but firmly.
- Each horse has sensitive areas, and it is important to be familiar with them (i.e. flank and belly areas).
- Watch rider leg position. Riders may need appropriate assistance to reduce a "clothes pin" effect with their legs. Ask the instructor/therapist what is the best handling technique.
- Horses will often touch or paw at unfamiliar objects. For example, a horse may paw at a bridge or ground pole before crossing over it.

TASTE:

Taste is closely linked with the sense of smell and helps the horse to distinguish palatable foods and other objects.

Implications:

- Taste is closely linked with smell and touch; therefore, a horse may lick or nibble while becoming familiar with objects and people. Be careful, as this could lead to possible biting.

SIXTH SENSE:

Horses do have a "sixth sense" when evaluating the disposition of those around him. Horses can be hypersensitive in detecting the moods of their handlers and riders. A good therapy horse is chosen for their sensitive response to the rider. At times there may exist a personality conflict between handlers and horses. It is important to the instructor/therapist know if you're having a difficult time relating or getting along with a particular horse.

THE HORSE'S LIFESTYLE:

In addition to understanding the horse's sixth senses, we need to appreciate and increase our awareness of the horse's lifestyle. This will assist us in responding appropriately to his reactions to situations.

FLIGHT AS A NATURAL INSTINCT:

Horses would rather turn and run away from danger than face and fight it.

Implications:

- At a sudden movement or noise, the horse might try to flee. Speak to the horse calmly.
- A frightened horse that is tied up or being held tightly might try to escape by pulling back. Relax your hold or untie him quickly and usually he will relax. Be sure not to stand directly behind the horse.
- If flight is not possible, the horse could either turn to kick out or face the problem and rear, especially in a tight area like the stall. A halter with a lead rope may assist with maintaining control while working around the horse in a stall.
- If a horse appears to be frightened or fearful (note the position of the horse's ears in pictures following article), it may be helpful to allow a more experienced horse to lead.
- Most horses chosen to work in a therapeutic riding setting have less of an instinct to flee. The horse may look to you for reassurance. It is helpful if the volunteer remains calm and talks to the horse in a soothing voice.

HERD ANIMAL:

Horses like to stay together in a herd or group with one or two horses dominant, with a pecking order amongst the rest.

Implications:

- Be aware that a horse may not like being alone. This is a consideration when horses are leaving the arena or a horse loses sight of the others while on a trail ride.
- Be aware that if the horse in front of a line is trotting or cantering, the horse that is following may also attempt to trot or canter.
- If one horse spooks at something, the surrounding horses may also be affected.
- For safety, it is recommended to keep at least one horse's length between horses when riding within a group to respect the horse's space and pecking order.

READING HIS EARS

The horse's ears and actions are the key to his emotions. He can tell you what he is paying attention to and how he feels by the way he uses his ears and the way he acts. Following are some tips to his emotions.



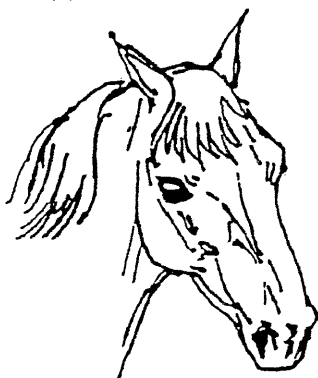
Ears forward but relaxed
interested in what's
in front of him.



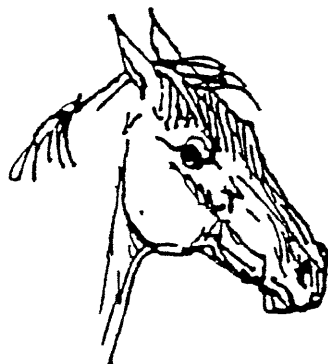
Ears turned back but relaxed
listening to his rider
or what's behind him.



Ears pointed stiffly forward
alarmed or nervous about what's
ahead. Looking for danger.



Ears pointed left and right
relaxed. paying attention
to the scenery on both sides.



Ears stiffly back
annoyed or worried about what's
behind him: might kick if annoyed.



Droopy ears
calm and resting,
horse may be dozing.



Ears flattened against neck
violently angry, in a fighting mood.
May fight, bite or kick.

OTHER SIGNS YOU SHOULD NOTICE ARE:

- Tucking the tail down tightly.
Danger to the rear.
Horse may bolt, buck or kick.
Watch out if ears are flattened, too!
- Switching the tail.
Annoyance and irritation:
at biting flies, stinging insects or
tickling bothersome actions of a rider or another horse.
- Droopy ears and resting one hind leg on toe.
Calm and resting, horse may be dozing.
Don't wake him up by startling him!
- Wrinkling up the face and swinging the head.
Threatening gesture of an angry or bossy horse.
Watch out for biting or kicking.

Being aware of horse behaviors is one of the best safety precautions that can be used in your facility. Knowing how to ready your horse can prevent an accident and increase the quality of your "mutual" relationship.

Reference: RDA

General Procedures for Handling Body Fluids/ Injuries/First Aid

The following guidelines are meant to provide simple and effective precautions against the transmission of disease for all persons potentially exposed to the blood or body fluids of any other person(s).

Good hygiene practices should be used when handling body fluids or blood to prevent the spread of disease and infectious agents. All situations, no matter what bacteria or virus is present, should be treated the same.

Contact with body fluids presents a low risk of infection with a variety of germs. In general, however, the risk is very low and dependent on a variety of factors, including the type of fluid with which contact is made and the type of contact made with it. Use disposable equipment whenever possible.

- Ensure that your First Aid kit is accessible during program activity hours.
- Direct skin contact with body fluids should be avoided. **Disposable gloves are recommended when direct contact with body fluid is anticipated.**
- Hands should be washed as soon as possible after any body fluid contact is made, with or without gloves. Hands should be washed for a minimum of 15-20 seconds with soap and warm water. Antiseptic towelettes should be used in the absence of running water.
- Encourage the person to self manage their own injury whenever possible through the use of paper towels and/or pressure to bleeding wounds or bloody noses.
- Place soiled towels or towelettes in a lined waste container. Urge the rider to do as much of this as possible. (This may not always be a practical solution).
- If practical, remove soiled clothing and place in a closed plastic bag for laundering.
- If you have an open wound on your hand, use gloves to handle or clean blood or body fluids. Wash your hands when you are finished.
- All persons with oozing lesions or weeping dermatitis should refrain from direct contact with others until the condition resolves.
- A disinfectant should be used to clean surfaces contaminated with body fluids. The U.S. EPA (Environmental Protection Agency) should register the disinfectant for use as a disinfectant. Bleach water in a ratio of 10 parts water to 1 part chlorine bleach may be used in an emergency in the absence of a registered disinfectant.

The term body fluid may include blood, semen, drainage from scrapes and cuts, feces, urine, vomit, respiratory secretions (i.e. runny nose) and saliva.

Adapted in part from the American Federation of Teachers and MacNeil Environmental, Inc.

TREATMENT PLAN IMPLICATIONS FOR CONDUCT DISORDER RIDERS

Youth who engage in criminal behavior have both thinking and behavior problems, and often, emotional issues. They “act out” because of faulty thinking/decision making which manifests in negative or criminal behavior. Responding to overwhelming emotional stimuli, these kids also “act in”, evidenced by withdrawal or suicidal gestures. The following lists are examples of types of issues to consider in developing lesson/treatment plans:

ACTING OUT BEHAVIORS:

- Lying
- Stealing
- Assaulting
- Running away
- Inappropriate touching
- Intimidation
- Cruelty (both to horse/other animals, and people)
- Non-compliance
- Provoking
- Poor school performance/skipping
- Unaccountability
- Gang activity
- Vandalizing
- Extorting
- General rule breaking
- Disruption of home, school, program, etc.
- Dangerous risk taking (showing off with high risk activities)
- Negative attention seeking/grandiosity
- Defying authority
- Anger
- Poor boundaries – invade others’ space
- Carrying weapons
- Lack of empathy
- Drug and alcohol use
- Impulsivity

THINKING ERRORS:

- Manipulation
- Blaming
- Making excuses
- Confusing the issue/vagueness
- Attention seeking (“pet me”)
- Lying (thinking, it’s ok)
- Feeling special – uniqueness

TREATMENT PLAN IMPLICATIONS (Cont'd.)

Assuming
Anger (to get their way/out of something difficult)
Secretiveness
Victim stance ("poor me")
Splitting – playing people off one another
My way or no way
Super positive ("everything's great!")
I "can't"
Hot shot
Entitlement
Power plays
Refusal to accept obligations/keep commitments
Justifying
Lack of empathy
All or nothing

ACTING IN:

Withdrawal
Depression
Crying spells (without apparent reason)
Low energy
Suicide attempts/ideation
Self abuse (The cutting is "acting out" behavior. The behavior is in response to an overwhelming emotional need to feel if they've gone emotionally numb; in response to race or as a means of re-directing emotional pain.)
Electively mute; non-communicative (not to be confused with oppositionality and refusal to comply)
Ritualistic acts (The behavior is "acting out" but in response to an obsessive thought.)
Hopelessness
Self defeating behaviors/thinking

OTHER CONSIDERATIONS:

Low self esteem
Poor social skills
Immaturity
Family problems
Inaccurate self image
Low frustration tolerance
Attention deficits
Fear
Anxiety
Denial

GLOSSARY OF PHYSICAL & COGNITIVE DISABILITIES

The following are brief, non-medical descriptions of some disabilities and conditions of participants one might encounter in a therapeutic riding setting. This is not intended as a comprehensive explanation of a specific disability. Rather, it is a general overview with an explanation of how therapeutic riding can be beneficial.

Arthritis

Inflammatory disease of the joints.

Types: Osteo, rheumatoid and juvenile rheumatoid.

Characteristics: Pain; lack of mobility; deformity; loss of strength.

Benefits (of therapeutic riding): Gentle rhythmic movement to promote joint mobility and relieve pain.

Autism

A self-centered mental state from which reality tends to be excluded.

Characteristics: Unresponsiveness to the presence of others; withdrawal from physical contact; severely delayed and disordered language; self-stimulating behaviors; unusual or special fears; insensitivity to pain; unawareness of real dangers; hyperactive; passive; unusual behaviors such as smelling/tasting/licking/mouthing all objects; ritualistic behaviors; developmentally delayed; unusual response to sounds; clumsiness; social withdrawal; resistance to change.

Benefits: Interaction in a group setting stimulates interest away from self and toward others and the horses. Postural and verbal stimulation.

Cerebral Palsy

Brain damage occurring before, at, or shortly after birth. It is a non-progressive motor disorder.

Types and Characteristics:

Spastic - hypertonicity with hyperactive stretch reflexes, muscle imbalances and equilibrium. Increased startle reflex and other pathological reflexes.

Athetoid - extensor muscle tension, worm-like movements, abnormal posturing and slow and deliberate speech.

Ataxic - poor balance, difficulty with quick, fine movements and are often described as having a "rag doll" appearance.

Benefits: Normalization of tone, stimulation of postural and balance mechanisms, muscle strengthening and perceptual motor coordination.

Associated Problems: Seizures; hearing defects; visual defects; general sensory impairment; perceptual problems; communication problems; mental retardation; emotional disturbance; learning disabilities.

Cerebral Vascular Accident - Stroke (CVA)

Hemorrhage in brain, which causes varying degrees of functional impairment.

Characteristics: Flaccid or spastic paralysis of arm and leg on same side of body. May impair mentation, speech, sight, balance, coordination and strength.

Benefits: Promotes symmetry, stimulates balance, posture, motor planning, speech and socialization.

Developmental Disabilities (DD)

A general term applied to children functioning two or more years below grade level.

Characteristics: Varied, but can include slow physical, motor and social development.

Benefits: Provides arena for success, opportunity for sport and recreation, stimulates body awareness.

Down Syndrome

Condition in which a person is born with an extra chromosome, resulting in mental retardation and developmental delay.

Characteristics: Broad flat face, slanted eyes, neck and hands are often broad and short. Usually hypotonic, have hypermobile joints and tend to be short and slightly overweight. Prone to respiratory infections.

Benefits: Riding improves expressive and receptive language skills, gross and fine motor skills, balance, posture, muscle tone and coordination.

Emotional Disabilities

A congenital or acquired syndrome often compounded by learning and/or physical disabilities incorporating numerous other pathologies.

Characteristics: Trouble coping with everyday life situations and interpersonal relations. Behaviors such as short attention span, avoidance, aggression, autism, paranoia or schizophrenia may be exhibited.

Benefits: Increases feelings of self-confidence and self-awareness, and provides appropriate social outlet.

Epilepsy

Abnormal electrical activity of the brain marked by seizures with altered consciousness.

Types and Characteristics:

Petit Mal: Brief loss of consciousness with loss of postural tone. May have jerky movements, blank expression.

Grand Mal: Loss of consciousness and postural tone. Usually preceded by an aura.

(Note: An active seizure disorder is a contraindication for horseback riding).

Hearing Impairment

Congenital or acquired hearing loss varying from mild to profound.

Characteristics: Communication difficulties - may use lip reading, finger spelling (manual alphabet) or sign language. Often phase out and have attention deficits.

Benefits: Stimulates self-confidence, balance, posture and coordination. It also provides appropriate social outlets and interactions.

Learning Disabilities (LD)

Catch-all phrase for individuals who have problems processing, sequencing and problem solving, but who appear to have otherwise normal intelligence skills.

Characteristics: Short attention span, easily frustrated, immature.

Benefits: Effects depend upon the particular disorder. Stimulates attention span, group skills, cooperation, language skills, posture and coordination.

Mental Retardation (MD)

Lack of ability to learn and perform at normal and acceptable levels. Degree of retardation is referred to as educable, trainable, severe or profoundly retarded.

Characteristics: Developmentally delayed in all areas. Short attention span.

Benefits: Stimulates group activity skills, coordination, balance, posture, gross and fine motor skills and eye-hand coordination. Provides a structured learning environment.

Multiple Sclerosis (MS)

Progressive neurological disease with degeneration of spinal column tracts, resulting in scar formation.

Characteristics: Most commonly occurs in the 20 to 40-year-old range. It is progressive with periods of exacerbation and remissions. Fatigues easily. Symptoms include weakness, visual impairment, fatigue, loss of coordination and emotional sensitivity.

Benefits: Maintains and strengthens weak muscles and provides opportunities for emotional therapy.

Associated Problems: Visual impairment, emotional lability, and impaired bowel and bladder function.

Muscular Dystrophy (MD)

Deficiency in muscle nutrition with degeneration of skeletal muscle. Hereditary disease that mainly affects males.

Characteristics: Progressive muscular weakness, fatigues easily, sensitive to temperature extremes.

Benefits: Provides opportunity for group activity, may slow progressive loss of strength, stimulates postural and trunk alignment, and allows movement free of assistive devices.

Associated Problems: Lordosis, respiratory infection.

Polio

Infectious virus disease.

Characteristics: Flaccid paralysis, atrophy of skeletal muscle, often with deformity.

Benefits: Strengthens non-paralyzed muscles, stimulates posture.

Scoliosis

Lateral curve of the spine with a C or S curve with rotary component.

Characteristics: Postural asymmetry. May wear scoliosis jacket or have had stabilization surgery.

Benefits: Stimulates postural symmetry, strengthens trunk muscles.

(Note: Severe scoliosis is a contraindication for therapeutic riding).

Spina Bifida

Congenital failure of vertebral arch closure with resultant damage to spinal cord.

Characteristics: Varying degrees of paralysis of the lower limbs coupled with sensory loss.

Problems: Infection, lordosis, scoliosis and hip dislocations.

Benefits: Stimulates posture and balance, improves muscle strength and self image.

Associated Problems: Hydrocephalus, incontinence, urinary tract infection, lordosis, scoliosis and hip dislocations.

Spinal Cord Injury (SCI)

Trauma to the spinal cord resulting in a loss of neurological function.

Characteristics: Paralysis of muscles below the level of injury - can be flaccid or spastic. Fatigue, sensory loss and pressure sores.

Benefits: Stimulates posture and balance, strengthens trunk muscles, is an option for sports participation and recreation.

Traumatic Brain Injury (TBI)

Accidental injury to the head resulting in intra-cranial bleeding with death of brain cells.

Characteristics: Gross and fine motor skills deficits. Often have impaired memory, speech, balance and/or vision. May have psychological effects.

Benefits: Stimulates balance, posture, gross and fine motor skills, speech and perceptual skills.

Visual Impairment

Moderate to total loss of sight.

Characteristics: Insecure posture, lack of visual memory, anterior center of gravity, fearfulness, and developmental delay.

Benefits: Stimulates spatial awareness, proprioception, posture and coordination. Provides social outlet, structured risk taking and freedom of movement.



Co-Executive Directors
Newman Gersin
CAAPII

Fran Gersin
CAAPII

The Leaning Post Ranch

a project of
Panhandle Youth Assistance Program, Inc.
4150 Cedar Springs Road
Molino, FL 32577
850-587-5940

Authorization for Emergency Medical Treatment Form

Participant Staff Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's 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 _____ to:

(Center's Name)

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 unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian
Signed in presence of center staff

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
Signed in presence of center staff



NARHA
North American Riding
for the Handicapped
Association

PREMIER ACCREDITED CENTER

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Fran Gersin, CAAPII and Newman Gersin, CAAPII, Co-Executive Directors



RELEASE AND HOLD HARMLESS AGREEMENT

WHEREAS the UNDERSIGNED acknowledges the inherent risks involved in riding and/or working around horses, which risks include bodily injury from riding, or being in close proximity to horses, among other risks, and further, that both horse and rider/volunteer can be injured in normal use or in competition and schooling;

IN CONSIDERATION, therefore, for the privilege of riding and/or working around horses at **The Leaning Post Ranch**, a project of Panhandle Youth Assistance Program, Inc. (PYAPI), the UNDERSIGNED does hereby **agree** to hold harmless and indemnify **The Leaning Post Ranch** (PYAPI), its Board of Directors, Instructors, Staff and Volunteers, and further release them from any liability or responsibility for any accident, damage, injury, or illness to the UNDERSIGNED or any horse owned by the UNDERSIGNED or to any family member or spectator accompanying the UNDERSIGNED on the premises of **The Leaning Post Ranch** (PYAPI).

UNDER FLORIDA LAW, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant and/or volunteer in equine activities resulting from the inherent risks of equine activities.

DATE: _____

SIGNATURE: _____
(Participant or Parent/Legal Guardian or Volunteer)

Name: _____
(PLEASE PRINT CLEARLY)

Address: _____

Phone #: _____



NARHA

North American Riding for the
Handicapped Association, Inc.

PREMIER ACCREDITED CENTER

Co-Executive Directors

Newman Gersin
CAAPII

Fran Gersin
CAAPII

The Leaning Post Ranch

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Molino, FL 32577
850-587-5940

Volunteer/Staff Information Form and Health History

General information

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Phone: (H) _____ (W) _____

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.

Allergies: _____

Medications: _____

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; signed in presence of center staff)



Co-Executive Directors Newman Gersin CAAPII	The Leaning Post Ranch a project of Panhandle Youth Assistance Program, Inc. 4150 Cedar Springs Road Molino, FL 32577 850-587-5940
Fran Gersin CAAPII	

Volunteer/Staff Information Form and Health History -

Page 2

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Photo Release

- I DO
 DO NOT

consent to and authorize the use and reproduction by _____
(NARHA center)
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 _____
(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 NARHA 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 NARHA 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)



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CONFIDENTIALITY POLICY

Due to the nature of our therapeutic riding program, it is the policy of **The Leaning Post Ranch** (PYAPI) that any and all information pertaining to our riders, their family, and volunteers shall remain privileged and confidential. This information may include, but is not limited to, any medical, social, referral, personal, and/or financial information that may be disclosed as a result of rider/volunteer status at **The Leaning Post Ranch** (PYAPI).

Disclosure of any confidential information shall not be released to anyone not associated with **The Leaning Post Ranch** (PYAPI). Disclosure of sensitive medical, psychological and/or personal information may be detrimental if released to those outside of **The Leaning Post Ranch** (PYAPI). Such breach of confidentiality may also constitute grounds for legal action. Discussions involving any rider/volunteer shall be limited to progress reports, goals, appropriate mounting/dismounting techniques, and as the instructor deems appropriate. Volunteers will be given information concerning riders on a "need to know" basis and in keeping with the confidential nature of the rider's records. Each rider, volunteer, and instructor shall be assured of record confidentiality by secure record locations.

Because our intentions are to safeguard our riders and volunteers, this policy is designed to ensure that the privacy of our riders, their families, and volunteers is protected.

Negative representation of the program in the community and/or failure to adhere to **The Leaning Post Ranch** (PYAPI) confidentiality policy by any staff or volunteer can result in termination of service with **The Leaning Post Ranch** (PYAPI), and other corrective actions may be taken.

I, _____, have read the above policy and agree to uphold the confidentiality policy of **The Leaning Post Ranch** (PYAPI).

DATE: _____

SIGNATURE: _____
(Participant or Parent/Legal Guardian or Volunteer)

Name: _____
(PLEASE PRINT CLEARLY)

Address: _____

Phone #: _____



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VOLUNTEER'S CODE OF CONDUCT

The Leaning Post Ranch (PYAPI) personnel are responsible for maintaining and promoting ethical practices to include respecting the rights, dignity, and well being of all individuals. Therefore, all personnel **must** adhere to the following Code of Conduct while on **The Leaning Post Ranch** (PYAPI):

- Any allegations of inappropriate behavior toward a rider, volunteer, instructor, or guest must be reported to the Head Instructor so immediate and appropriate action can be taken. Any **The Leaning Post Ranch** (PYAPI) personnel will be asked to leave the facility due to irresponsible behavior, indecent mannerisms, profanity, and/or anti-social statements.
- Anyone who fails to follow established safety procedures will be reported to the Head Instructor for appropriate action.
- Any allegations of mistreatment or abuse of horses or other animals on **The Leaning Post Ranch** (PYAPI) must be reported to the Head Instructor for appropriate action.
- The use of alcohol or illegal drugs on **The Leaning Post Ranch** (PYAPI) is **STRICTLY PROHIBITED**.
- **NO** smoking or chewing tobacco is permitted on the facility.

DATE: _____

SIGNATURE: _____
(Participant or Parent/Legal Guardian or Volunteer)

Name: _____
(PLEASE PRINT CLEARLY)

Address: _____

Phone #: _____



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Fran Gersin, CAAP II and Newman Gersin, CAAP II, Co-Executive Directors



PHOTO RELEASE

I, _____
(PLEASE PRINT CLEARLY)

- DO
- DO NOT

Consent to and authorize the use and reproduction by **The Leaning Post Ranch** (PYAPI) of any and all photographs and any other audio/visual materials taken of me for promotional material, education activities, exhibitions, or for any other use for the benefit of **The Leaning Post Ranch** (PYAPI) riding programs.

DATE: _____

SIGNATURE: _____
(Participant or Parent/Legal Guardian or Volunteer)

Name: _____
(PLEASE PRINT CLEARLY)

Address: _____

Phone #: _____



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VOLUNTEER QUESTIONNAIRE

Name _____ Current Date: _____
(PLEASE PRINT CLEARLY)

Address _____ City _____ ZIP _____

Home Phone _____ Cell # _____ Work # _____

E-mail address _____ Date of Birth _____

Place of Employment/School _____

Any Physical limitations (Y/N) _____ If yes, specify: _____

Given a chance to change sides frequently, can you hold your arm at shoulder height and support a modest weight? (Y/N) _____

Experience with horses/ponies (Y/N) _____ If yes, specify: _____

Special Training/Skills (Circle) Special Ed. OT PT RN LPN EMT First Aid CPR

Other (Explain) _____

Areas of Interest: Our greatest need is for sidewalkers and horse handlers. Indicate a 1st, 2nd, and 3rd preference.

- | | |
|--|---|
| <input type="checkbox"/> Side walking with a student | <input type="checkbox"/> Fund raisings/public relations |
| <input type="checkbox"/> Leading a horse during class | <input type="checkbox"/> Special projects/events |
| <input type="checkbox"/> Horse care: grooming, tacking, etc. | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Volunteer coordinator | <input type="checkbox"/> Newsletter/posters |
| <input type="checkbox"/> General office: typing, filing etc. | <input type="checkbox"/> Volunteer recruitment |
| <input type="checkbox"/> Care and repair of tack/equipment | <input type="checkbox"/> Maintenance of facility |

List Hobbies and or Interests: _____

Availability Circle the day(s) you would be available and indicate the time of day available.

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____

SIGNATURE: _____ DATE: _____



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HIPPA STATEMENT

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2 and 42 USC).

The Federal Rules prohibit you from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical and/or other information is not sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client.

I understand the HIPPA information provided, and confidentiality, as **The Leaning Post Ranch** (PYAPI) requires, and I agree to comply with the policies and information as provided.

DATE: _____

SIGNATURE: _____
(Participant or Parent/Legal Guardian or Volunteer)

Name: _____
(PLEASE PRINT CLEARLY)

Address: _____

Phone #: _____



When is Compliance Required?

HIPAA's rules and regulations are being written by the federal department of Health and Human Services and have been released at different times and have different compliance dates. The rules may be amended on an annual basis. Key compliance dates include:

- April 14, 2003** – Compliance with the privacy rule requirements.
- October 16, 2003** – Compliance with the transactions and code sets requirements.
- July 30, 2004** – Compliance with the unique employer identifier standard.
- April 21, 2005** – Compliance with the security rule requirements.

What are the Penalties?

The Centers for Medicare and Medicaid Services (CMS) will be responsible for enforcing the transactions and code sets standards and security standards, while the Office for Civil Rights (OCR) will enforce the privacy standards. OCR has indicated that enforcement will be complaint-driven. The Department of Health and Human Services and its Office for Civil Rights will contact entities and attempt to settle complaints through voluntary compliance. However, willful or repeated violations of HIPAA AS rules and regulations could result in civil monetary penalties or criminal penalties.

The civil penalty for failing to comply with a transaction, code set or identifier rule requirement is:

- Each violation: \$100.
- Maximum penalty for all violations of an identical requirement may not exceed \$25,000 annually.

- Violations of several different requirements may result in penalties greater than \$25,000.
- Wrongful disclosure of health information is subject to criminal penalties:
- Wrongful disclosure offense: up to \$50,000 fine and one year imprisonment
- Offense under false pretenses: up to \$100,000 and five years imprisonment
- Offense with intent to profit: up to \$250,000 and ten years imprisonment

For More Information

Department of Health & Human Services HIPAA-AS
<http://aspe.os.dhhs.gov/admsimp/>

Office for Civil Rights HIPAA - Privacy
<http://www.hhs.gov/ocr/hipaa/>

Centers for Medicare & Medicaid Services HIPAA-AS
<http://www.cms.hhs.gov/hipaa/hipaa2/default.asp>

Workgroup for Electronic Data Interchange
<http://www.wedi.org/>

HIPAA (Government Information Value Exchange for States) GIVES
<http://www.hipaagives.org/>

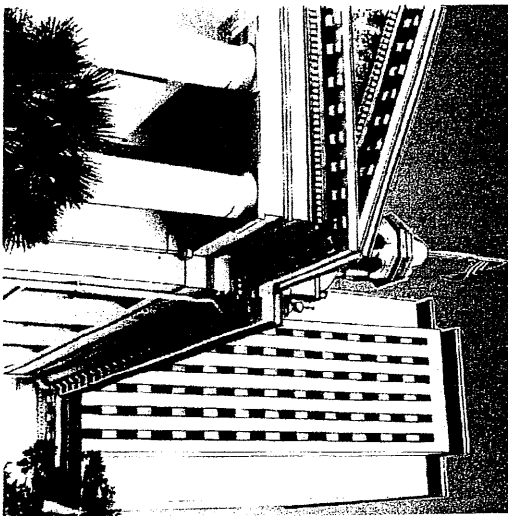
National Governors Association Center for Best Practices - HIPAA
http://www.nga.org/center/topics/1.1188.D_4324.00.html

Florida's State Technology Office - HIPAA
<http://www.myflorida.com/myflorida/sto/hipaa/index.html>

Florida Medicaid Program - HIPAA
<http://www.fdhc.state.fl.us/Medicaid/hipaa/index.shtml>

HIPAA

HEALTH INSURANCE
PORTABILITY AND
ACCOUNTABILITY ACT





HIPAA

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

SUMMARY

New federal legislation requires the use of standards when sending and receiving certain health information in an electronic format and imposes restrictions on how organizations use, disclose and protect an individual's health information.

While legislators and other officials may communicate with state agencies about constituent health care issues, state agencies may not respond about an individual's protected health information unless the individual constituent has given an authorization to the agency to disclose the information.

You may contact the appropriate agency to obtain an authorization form for constituents to sign.

What is HIPAA?

The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA) was signed into law in August of 1996, and is being implemented in phases. The federal legislation addressed several issues: health care access, portability and renewability; preventing health care fraud and abuse; medical liability reform and *administrative simplification*.

The goals of Title II, Subtitle F - Administrative Simplification (AS) are two-fold. It seeks

1. To improve the efficiency and effectiveness of the health care system through the establishment of standards and requirements for the *electronic transmission* of certain health information, and

2. To protect the security and privacy of health care information by setting standards regarding its use and disclosure.

To meet these goals, HIPAA-AS addresses five specific areas:

Electronic Data Interchange (EDI) - the electronic transfer of information in a standard format between trading partners. Standardization will reduce the administrative costs associated with the exchange of health information among physicians, hospitals and health plans.

Code Sets - data elements used to uniformly document the reasons why patients are seen and what procedures are performed during their visit.

Identifiers - unique numbers used consistently by all parties to identify each health care provider, health plan and employer. In the past, providers had to keep track of multiple identification numbers.

Privacy - establishes a minimum national standard for the protection of individuals' medical records and other personal health information. Honors more stringent state laws regarding the privacy and protection of health information and provides individuals with new health privacy rights, enforceable through the Office for Civil Rights, to ensure consistent protection of health information that is used and stored in providing modern high quality health care.

Security - establishes a national minimal standard to protect the confidentiality, integrity and availability of electronically formatted protected health information. Affected organizations must implement basic safeguards to protect electronic health information from unauthorized access, deletion and transmission.

Who is Affected?

HIPAA requires all **health plans** (e.g.: health insurance companies, HMOs, Medicare and Medicaid), all **health care clearinghouses** (e.g. entities who translate and interpret billing information) and those **health care providers** electronically transmitting certain health transactions (e.g. claims, eligibility, referral/claims status) to comply with its administrative rules and regulations. HIPAA also extends certain responsibilities for maintaining the privacy and security of health information to vendors who perform services on behalf of health plans, health care providers and health care clearinghouse through arrangements called business association agreements.

Due to their health care-related activities, the following state agencies are subject to HIPAA's rules and regulations:

- Agency for Health Care Administration (administers Florida's Medicaid program).
- Department of Corrections (provides health care to inmates).
- Department of Health (provides health care to clients through county health departments and Children's Medical Services).
- Department of Children and Families (operates hospitals).
- Department of Elder Affairs (administers care management services for the elderly).
- Department of Veterans' Affairs (operates nursing homes).
- Department of Management Services (the Division of State Group Insurance manages the State of Florida's self-insured health plan).



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Phone: 850-587-5940

Fran Gersin, CAAPII and Newman Gersin, CAAPII, Co-Executive Directors



**PLEASE READ,
AND THEN KEEP
THE PAGES
THAT FOLLOW
FOR YOUR
OWN FILES**



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INTRODUCTION TO VOLUNTEERING

Who can volunteer?

Volunteers are the heart and soul of a therapeutic riding program. Anyone who has the desire to help, love and have a wonderful time is welcome. However, you must be at least 14 years old to work directly with children. The only other thing that we ask is that you not be afraid of horses.

Some of our volunteers are disabled, some are retired, some are students, and others are working people looking to make a difference. No previous experience is necessary. Our staff will teach you everything you need to know.

What kind of paperwork do I need to fill out?

Because we are a non-profit organization, and work with disabled students, paperwork is inevitable. Volunteers are required to read, understand, and sign our liability and medical release forms, as well as our confidentiality agreement. Our program may be featured in newspapers, so volunteers will also be asked to sign a photo release form. Additionally, volunteers must be willing to submit to a criminal history background check. We regret the necessity of this, but the safety of our students is our first priority.

INTRODUCTION TO VOLUNTEERING (Cont'd)

When can I volunteer?

The Leaning Post Ranch classes are held daily, except Wednesdays and Sundays. Whether you can offer us an hour a week of your time, or several hours, we do request that you prearrange a regular, consistent time. Volunteers are critical to the success of the program and we rely on their attendance to make classes go smoothly.

What do I do once I get there?

First, come into the office and **sign in** so we may keep track of your attendance and hours. This is required by state law. Then let Fran or another instructor know you are here so we can put you where you are most needed.

What do I wear?

Volunteer attire depends on the weather, but the general rule is: Neat, clean, and workmanlike. Shoes must be comfortable with closed toes – no sandals. Dangling earrings, necklaces and bracelets should be left at home. We also ask that you not wear heavy perfumes, colognes, or hairsprays which might attract stinging insects. Also, not wearing these items will enable the horses to get to know you by your scent! For those with sensitive skin, please remember to put on a non-scented sun screen.



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GENERAL RULES FOR VOLUNTEERS

The Leaning Post Ranch (PYAPI) personnel are responsible for promoting and maintaining safety and well being of all individuals on **The Leaning Post Ranch** (PYAPI) property. Therefore, all personnel **must** adhere to the following Rules:

1. Volunteers must be at least 14 years of age.
2. The use of alcohol, tobacco products, or illegal drugs is **STRICTLY PROHIBITED**.
3. Please arrive at least 20 minutes prior to the start of the lesson. If you are unable to make a lesson, please call **The Leaning Post Ranch** (PYAPI) at 850-587-5940 and/or your volunteer Coordinator **PRIOR** to the lesson (the earlier the better) so a substitute volunteer can be obtained. Thank you in advance for your consideration.
4. Proper attire will be worn at all times for safety reasons. This includes jeans, long pants, modest shorts, shirts with sleeves (no halter tops, spaghetti straps, etc.), and closed toe shoes. Open toe shoes are not permitted, as horses are not choosy where they place their hooves. Jewelry and perfumes are to be avoided due to distractions and allergies in some individuals and animals.
5. During severe weather condition and/or lightening, classes will not be held. Please call **The Leaning Post Ranch** (PYAPI) if you are unsure.
6. Although quite rare, falls do occasionally happen. If this happens while you are working as a volunteer, please **STOP!** The horse handler is responsible for the horse, and the side walkers are responsible for the rider. The instructor will tell you what is to be done next.
7. Please remember that riders with disabling conditions are just as active as everyone else. Close supervision is a must at all times while the riders are at **The Leaning Post Ranch** (PYAPI).
8. **Lastly, a big THANK YOU for volunteering your time at The Leaning Post Ranch (PYAPI). Without you, the students would not be able to ride!**

Volunteer Training: How to Help Effectively

For NARHA center volunteers who have never had the opportunity to meet people with disabilities, this aspect of working at a NARHA center can be intimidating and a little frightening at first.

Volunteers may feel insecure about how to act or react to people who may look, sound, move and behave differently from what one usually expects. It can also be unsettling to meet a person who has a terminal illness or the parent of a teenage child who has cognitive limitations. What does one say? What does one *not* say? How should one react? What is the best way to help? These questions and the feelings of uncertainty they bring with them are perfectly normal and volunteers need not be embarrassed about them.

Here are suggestions to give your volunteers to become effective helpers:

- A person with a disability is an individual first and is entitled to the same dignity, respect and considerations expected by anyone.
- Treat adults as adults. Only call an adult person with a disability by his or her first name after asking for the privilege.
- Do not “pat” people with disabilities on the head, shoulder or any other part of their body.
- Only help a person with a disability if they ask for assistance. You may offer assistance, but if it is declined, do not be offended.
- When assisting an individual with a disability always ask “how” you can help. Do not take over.
- Always address the person with a disability directly. Do not speak “about” them as if they were not present.
- Do not shout. Hearing aids make noises louder, not clearer. Blindness does not affect a person’s hearing.
- If a person has difficulty speaking, allow them to finish their sentence. If you don’t understand what they are saying, tell them so. Do not pretend you understood if you didn’t.
- When meeting a person with a visual impairment, always identify yourself and tell them you are leaving before you walk away.



V. YATES

Only help a person with a disability if they ask for assistance. You may offer assistance, but if it is declined, do not be offended.

- Do not make assumptions. A person with a disability is the best judge of what they can do unless they are substantially cognitively impaired.
- Do not push a person’s wheelchair, grab their arm or try to help without asking first.
- When speaking to a person with a disability who uses a wheelchair, find yourself a chair or crouch down at a comfortable distance so that you can converse on the same level.
- Respect personal space, but when a person with a disability asks you for help, they may direct you to hold, lift or otherwise assist them in a very specific way.
- When an assistant accompanies an adult with a disability, address the person with the disability directly, unless you are asked to do otherwise.
- Never move someone’s crutches, walkers, canes, service animal or other mobility aid without permission.
- When speaking to someone with a hearing impairment speak slowly, clearly and face them directly while speaking.
- Do not make contact with a person’s service animal unless you ask the owner first. The animal has a job to do and must concentrate on their work.

Adapted from the NARHA on-line Volunteer Training Course available at www.narha.org/Education/Vol/default.asp



North American Riding
for the Handicapped
Association

PREMIER ACCREDITED CENTER

The Leaning Post Ranch

A Project of
Panhandle Youth Assistance Program, Inc.
4150 Cedar Springs Road
Molino, FL 32577
Phone: 850-587-5940

Fran Gersin, CAAPII and Newman Gersin, CAAPII, Co-Executive Directors



EMERGENCY ACTION PLAN

MOUNTED EMERGENCIES:

1. Halt all horses.
2. Horse handlers position themselves in front of the horse.
3. Sidewalkers will stabilize their riders.
4. Instructors will supervise dismounting, either personally or verbally.
5. Evacuate the arena if necessary:
 - a. Sidewalkers escort riders out of the arena through emergency exits.
 - b. Horse handlers lead horses to instructor designated place after all riders are out of danger. In case of fire – blindfolding may be necessary.
6. Instructor will assess the situation and determine what action is necessary concerning emergency assistance.

EMERGENCY DISMOUNT:

1. Sidewalker calls out "Emergency" to notify instructor and horse handler for an emergency dismount.
2. Halt all horses.
3. Sidewalker on the left removes compromised rider from the horse, using his body as a cushion is necessary.
4. Sidewalker on the right frees rider's foot from the stirrup and helps it over the horse's back.
5. Horse handler immediately moves the horse's hindquarters away from the rider.
6. Instructor will assess the situation and determine what further actions to take.

IN CASE OF AN INJURED RIDER:

1. Instructor will appoint one person to take charge of the remaining class and ask them to move away from the immediate area to a more isolated area. This person will be responsible for the safe dismounting and removal of students from the riding arena.
2. Instructor will ask one Sidewalker to call 911 to report the condition of the injured rider, while instructor provides First Aid and/or CPR.

It is important for you to be prepared to execute this plan at any time. If you have questions concerning your part, or if you feel you are unable to assist during an emergency, please talk to the instructor before assisting in the class.



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FIRE SAFETY POLICY

R – RESCUE: This means only HUMAN BEINGS who are in immediate danger of being injured by fire as you are LEAVING for safety. Please do not attempt to reenter a burning building to rescue anyone, anything, or any animal. Staff members are responsible for assessing ability to rescue any endangered people or animals.

Volunteers are to escort/carry students to the **Round Pen** in the pasture. This ensures fire personnel can access the buildings, and all persons are assembled in one location so a staff member can conduct a head count.

A – ALARM: Yell loudly and continuously “FIRE! and CALL 911” as you are exiting the building to safety. Familiarize yourself with locations of phones – office, end of barn, cell phones, and in the Ranch House.

C – CONTAIN: If it is possible to safely smother the fire with water, sand or fire extinguishers BEFORE it becomes out of control, do so as you leave the building. NEVER try to contain a fire that is rapidly spreading. NEVER PUT WATER ON AN ELECTRICAL FIRE! Evacuate to safety by the magnolia tree. Know the locations of fire extinguishers – located at each end of the barn, and the Ranch House. Know how to operate extinguishers – ALWAYS point at the base of the fire, pull lock, aim, and squeeze. Then gently move from side to side to cover the base of the fire. In the event someone catches fire – remember ‘STOP, DROP, AND ROLL.’

E – EVACUATE: PEOPLE are to be evacuated to the **Round Pen** in the pasture, away from rescue operations. Staff members will evacuate animals as necessary. Stay calm, and stay with your rider.



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INCIDENT/ACCIDENT POLICY

In the unfortunate event of an incident or accident on **The Leaning Post Ranch** we must ask that you report the circumstances to the instructor, so that an incident report may be completed. An incident or accident may include, but is not limited to: Fires, participant or personnel unacceptable behavior, horse bite, horse injury, horse stepping on human foot, falls, difficulty encountered during transfers, natural disasters, etc.

We need to know, even the small details, so that we may see a trend before it becomes a full blown problem. Also, we need to be able to assess problems, and determine possible solutions.



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SAFETY PRECAUTIONS

The following are Basic Rules for Safety when working with program mounts on **The Leaning Post Ranch:**

1. Never approach a mount directly from the rear. Even in standing stalls, it is possible to approach from an angle at the rear. This allows the horse/pony to see the person approaching.
2. Approach the mount from the side, talk to him in a low voice, and keep a hand on his body when walking around him.
3. Always speak to a horse/pony before approaching or touching him. Some mounts are likely to jump and may kick when startled.
4. When tied, if a mount begins to pull back on the end of the rope, talk to him quietly while loosening the rope. Walk him forward a few steps and re-tie.
5. When leading a mount, walk beside the mount between his head and shoulder.
6. Lead from the left side, with your right hand six inches from the halter, and the left hand holding the folded end of the lead rope (not wrapped around the hand).
7. If a horse rears up, release the hand closest to the halter to avoid being pulled off of the ground.
8. People weigh a lot less than any equine. If he balks, do not try to out-pull him. A quick tug on the lead rope will generally move him forward. If the animal continues to pull backward, step back with him rather than pull against him.

SAFETY PRECAUTIONS (Cont'd.)

9. Never wrap a lead rope or reins around you hand, fingers, wrist, or body.
10. Pet a horse or pony by placing a hand on his shoulder and neck. Don't dab at the end of his nose. (Horses hate that!)
11. Always walk around a tied mount – NEVER go under, or over, the rope.
12. After leading a horse into a box stall, turn the horse so that he faces the door. Close the door, and then remove the halter.
13. When bridling a mount, stand just in front of his shoulder. He may throw or raise his head to avoid the bridle. Avoid bridling a nervous animal in close quarters.
14. When saddling a mount, have him properly secured so he will stand quietly.
15. Tighten a girth or chinch **slowly** – don't pull up abruptly. Adjust the saddle carefully, with the girth tight enough so the saddle will not shift when a rider is mounting. Horses and ponies often swell up when first saddled, and failure to re-tighten the girth just prior to, and after, mounting can result in serious accidents.
16. Always untie the lead before taking the halter off of the mount. This may prevent him from pulling back and becoming a halter-puller.
17. To avoid the mount's stepping on the reins and/or lead ropes, keep reins and leads off the ground.
18. When checking or cleaning hooves, do it from the side, and facing the rear of the mount. Bend at the waist; never squat or kneel down. Stay on both of your feet.
19. Never mount a horse or pony in the barn, near fences, trees, or overhanging projections. Side-stepping mounts have injured riders who failed to take these precautions.



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HORSE HANDLING AT A GLANCE

- The main responsibility of the horse handler (sometimes called the leader) is the horse. Your attention should be focused on the horse, not turning around to interact with the rider.
- Be aware of your riders, instructor, and sidewalkers.
- **LISTEN.**
- Leave enough room for the sidewalkers to walk.
- Reinforce the rider's attempts to control the horse.
- Stand in the "Halt Position" whenever you stop.
- Keep extra lead rope looped in your hand, not wrapped around it.
- Walk alongside your horse, about even with his eye – do not pull or drag him!
- Watch your horse for signs of agitation, aggression, or fear.
- Keep your horse moving at a consistent speed – not too fast or too slow.
- Set the pace at the walk and trot. You may have to jog, but don't run.
- Use voice commands first, and allow the horse to respond. Don't automatically pull on the lead rope.
- Keep horses a minimum of 1 ½ to 2 horse lengths apart.
- NEVER leave your horse in an emergency.
- Lead horses away from fallen riders as quickly as possible.
- Always stay calm and use common sense.