

PATH Intl. Mentor Training Workshop



May 17—18 2017

With Faculty:
Kitty Stalsburg & Patti Coyle



About the Mentor Training Workshop:

The purpose of this PATH Intl. workshop is to increase the professionalism and knowledge within the industry. This interactive training provides PATH Intl. Certified Instructors with an overview of the role of a mentor within the EAAT industry and the necessary skills and tools to apply this knowledge to mentor other instructor candidates. This workshop includes 12 hours of classroom education and 8 hours of online education, which applies towards annual continuing education hours for compliance as a PATH Intl. Certified Instructor. The objectives of the workshop are to enhance and build observation, evaluation and feedback skills through group activities and to give the mentor tools that will help individual mentors and centers in setting up a mentoring program, including enhancing communication skills and to build a trusting and collegial relationship between the mentor and mentee

Pre-requisites for attending workshop:

- PATH Intl. member and PATH Intl. certified instructor
- 18 years or older
- Complete a review of the online CAT course and Self Study, unless you have completed it within the last 12 months. (workshop participants will be enrolled through their registration with the PATH Intl. Center holding the workshop)

Once registered you are required to complete the PATH Intl. CAT Course and Registered Instructor Self Study. Participation in these courses is included in your registration fee. If you are a PATH Intl. instructor, you are also required to bring a hard copy of the on-line self study and the booklet/criteria for the certification and/or specialty certification in which you hold PATH Intl. Instructor Certification.

Requirements for becoming a PATH Intl. Mentor listed in STRIDES and on the website:

- Current PATH Intl. member and hold current PATH Intl. Instructor Certification (Registered, Advanced, Master, Driving, Vaulting, etc.)
- Successful completion of a PATH Intl. Mentor Training □ Annually signed PATH Intl. Mentor Code of Ethics (to be sent out electronically in January each year)
- Attend one PATH Intl. Instructor Workshop/Certification (discipline/level specific)
- Access to e-mail for online communication
- Signed permission, completed at the end of the mentor workshop, to be advertised on the website.

The information on this application form was taken directly from the PATH Intl. website and Mentor Training Workshop host site materials. For a complete description of the Mentor Training process and requirements contact PATH Intl. at www.pathintl.org or (800) 369-7433.

High Hopes Therapeutic Riding, Inc.
36 Town Woods Road
Old Lyme, CT 06371
(860) 434-1974

www.highhopestr.org

HighHopes

Therapeutic Riding

HORSES AND HUMANS
IMPROVING LIVES

APPLICATION FORM

PATH Intl. MENTOR TRAINING WORKSHOP

Hosted by HIGH HOPES THERAPEUTIC RIDING, Inc.

May 17—18, 2018

To register for this workshop, please complete the information requested in this form, and send it together with the required fee to:

High Hopes Therapeutic Riding, Inc.
36 Town Woods Road
Old Lyme, CT 06371

Make checks payable to: High Hopes Therapeutic Riding, Inc.

High Hopes does not accept credit card as a form of payment. Upon receipt of your registration form and payment, High Hopes will send all additional information to also include information on housing accommodations near by as well as all other logistics. All forms must be completed and submitted to High Hopes by April 11, 2018. For questions regarding the workshop contact Sarah Carlson at (860) 434-1974 ext. 115 of scarlson@highhopestr.org

Please register me for the following:

_____ Mentor Training Workshop: \$350 Application fee

Registration Deadline: April 11, 2018

Reimbursement policy: Cancellations prior to the registration deadline will receive a full refund minus a \$150 service fee.

No reimbursements will be granted after the registration deadline.

* *Once registered you are required to complete the PATH Intl. CAT Course and Registered Instructor Self Study test.*

Participation in these courses is included in your registration fee. If you are a PATH Intl. instructor, you are also required to bring a hard copy of the on-line self study and the booklet/criteria for the certification and/or specialty certification in which you hold PATH Intl. Instructor Certification

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE (DAY) _____ PHONE (CELL) _____

EMAIL: _____ PATH Intl. membership # _____

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contact PATH Intl. at www.pathintl.org or (800) 369-7433

**HIGH HOPES THERAPEUTIC RIDING INC
REGISTRATION & RELEASE**

VISITOR & SPECIALTY VOLUNTEER FORM

PLEASE COMPLETE ENTIRE FORM

Please Check One: Visitor: ___ **Brd/Cmt Member:** ___ **Spec Event Volunteer:** ___ **One Day Vol/Group:** _____

Name: _____ Home #: _____ Cell #: _____ DOB: _____

Address: _____ Town: _____ zip _____

Email: _____

In case of Emergency, contact: (Parent if minor) _____ Phone: _____

Please indicate any medical conditions or medications we should be aware of in the event of an emergency: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT: In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize High Hopes to: Secure and retain medical treatment and transportation, if needed and release records upon request to the authorized individual or agency involved in the medical emergency treatment.

Date: _____ **Consent Signature:** _____

If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.

CONSENT PLAN (to be invoked in the event that your Emergency Contact cannot be reached) I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) in the event of illness or injury while on the property of the agency.

Date: _____ **Consent Signature:** _____

If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.

***If you choose non-consent for emergency medical treatment/aid in the event of illness or injury while on the property of the agency, please request a Non-Consent Form, which requires notarization.**

PHOTO RELEASE:

_____ I hereby consent and authorize _____ I do not consent to, nor do I authorize. 1) High Hopes Therapeutic Riding, Inc. to use my(my child's) photograph or image in its print, online and video publications; 2) release High Hopes Therapeutic Riding, Inc., its employees and any outside third parties from all liabilities or claims that I might assert in connection with the above-described activities and 3) waive any right to inspect, approve or receive compensation for any materials or communications, including photographs, videotapes, DVDs, website images or written materials, incorporating photos/images of me(my child).

Date: _____ **Consent Signature:** _____

If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.

CONFIDENTIALITY POLICY: At High Hopes, we place great importance on protecting the confidential information of our clients, our staff and our volunteers. "Confidential Information" includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, e-mails, etc., as well as the non-public business records of High Hopes. In particular, medical information about clients, and information about their disabilities or special needs, must be protected as Confidential Information. Volunteers shall never disclose confidential information to anyone other than High Hopes staff. Volunteers must seek staff permission before taking any pictures or videos. I have read and understand High Hopes Confidentiality Policy and agree to abide by same.

Date: _____ **Signature:** _____

If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.

LIABILITY RELEASE: I acknowledge the risks and potential for risks of horseback riding and related equine activities including grievous bodily harm. However, I feel that the possible benefits to myself are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against High Hopes Therapeutic Riding Inc., its Board of Trustees, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I may sustain while participating as a High Hopes volunteer from whatever cause, including but not limited to the negligence of these related parties.

The undersigned acknowledges that he/she has read this Volunteer Application in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

Date: _____ **Signature:** _____

If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.