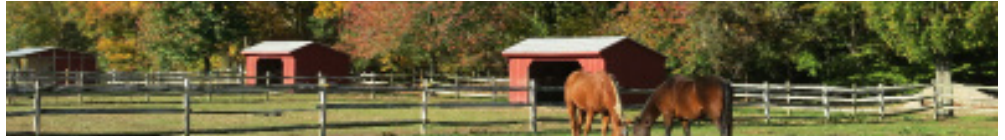


PATH Intl. Mentor Training Workshop



HIGH HOPES

Horses and Humans Improving Lives



Investing in your future



Opportunity, Education & Excellence
Choose High Hopes - an internationally recognized training facility.

Date:
PATH Int'l CEUs
About:

On Demand
14 CE

The purpose of this workshop is to increase the professionalism and knowledge within the Therapeutic Riding 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.

Faculty:

Kitty Stalsburg, PATH Intl. Master Instructor, ESMHL and High Hopes Executive Director
Patti Coyle, PATH Intl. Advanced Instructor, ESMHL and High Hopes Training & Education Director

Workshop Prerequisites:

For Certified Mentor prerequisites and a complete description of the current Mentor Certification process, please consult the PATH Intl. website or call the PATH Intl. office at 800.369.7433

- 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.

Time:

Day 1: 10am - 6pm, Day 2: 8am - 3pm

Price:

\$350* (min. number participants needed, inc. light lunch)

Course Materials:

Will be provided at the workshop

To Register:

Please complete attached forms and send with your fee to: High Hopes Therapeutic Riding, Inc. 36 Town Woods Road, Old Lyme, CT 06371. (860) 434-1974 x115 Attn: Sarah Carlson, scarlson@highhopestr.org or register online at <http://www.highhopestr.org>

Reg. Deadline:

Call for more info. 2 months prior to preferred date

Terms:

Please check our website for terms & conditions and cancellation policy at <https://www.highhopestr.org>

High Hopes has 45 years of demonstrated success in the field of EAAT & non-profit management:

- Program, equine, and facility management.
- Business management, marketing fundraising, & board development.
- Volunteer management. We have over 650 volunteers serving our program, facility, equines & development.

Workshops, certifications and professional development in all aspects of Equine Assisted Activities & Therapies:

- PATH Intl. Premier Accredited Center since 1979.
- PATH Intl. Approved Instructor Training Course since 1996.
- PATH Intl. Master, Advanced and Specialty Certified mentors.
- Full service indoor and outdoor facility, extensive sensory trails and a dedicated air-conditioned classroom and kitchen facility.

High Hopes Training & Ed. & Events Calendar and CEU Planner 2018-2019

October 2018

Oct 5 Registration Deadline for November 12-15 PATH Intl. OSWC

Oct 11, Registration Deadline for November 16-19 ESMHL Workshop

October 13, 2018 (also offered in May 2019): The ABCs of Participant Behavior and Behavior Management Techniques in the TR and EAAT setting: PATH Intl. Approved CEUs = 7 DE

Have you achieved this year's PATH Intl. CEUs?

February 2019

February 2, Registration Deadline for March 16, Managing Challenging Behaviors Advanced Prep. Workshop: February 4-6, 2019. PATH Intl. Approved CEUs = 10 Riding CR; 5 DE; 6 CE

Sensory Integration & Autism Workshop: February 9, 2019. PATH Intl. Approved CEUs = 7 DE

Beyond ESMHL: February 16-18, 2019 PATH Intl. Approved CEUs = 2 ESMHL CR; 6 DE; 8 CE

May 2019

May 3, Registration Deadline for June 12-15 OSWC



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November 2018

Nov. 26 Registration deadline for January Approved Instructor Training Course

November 12-15, 2018 (also offered in June 2019. PATH Intl. On-site workshop & certification: Approved CEUs = 6 DE; 2 CR; 12 CE.

November 16-19, 2018 (also offered in April 2019) PATH Intl. ESMHL workshop & skills test: PATH Intl. Approved CEUs = 2 ESMHL CR; 6 DE; 12 CE.

Please join us at the High Hopes Holiday Market November 11, 2018

March 2019

March 1, Registration Deadline for March 23, Volunteer Management

March 1, Registration Deadline for March 25, Therapy Horse Workshop
March 6, Registration Deadline for ESMHL April 12-15 Workshop & Cert.

Therapy Horse Workshop: March 25, 2019 PATH Intl. Approved CEUs = 7 CE
Managing Challenging Behaviors to Increase Participant Success: March 16, 2019 PATH Intl. Approved CEUs = 7 DE
Volunteer Management: March 23-24, 2019. PATH Intl. CEUs Day one = 7 CE; Day two = 7 Riding CR

June 2019

Please join us at the High Hopes High Hopes June Benefit June 8, 2019

PATH Intl. On-site workshop & certification: June 12-15, 2019 PATH Intl. Approved CEUs = 6 DE; 2 CR; 12 CE.

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

Contact:

Sarah Carlson, 860.434.1974 x 115
or scarlson@highhopestr.org

or go online: highhopestr.org

January 2019

January has lots of deadlines!

Jan 2, Registration Deadline for February Advanced Prep. Workshop

Jan 23, Registration Deadline for February 9, Sensory & Autism Workshop

Jan 24, Registration Deadline for February 16-18 Beyond ESMHL Workshop

PATH Int'l Approved Instructor Training Course January 9, 2019 - April 2019.

High Hopes is one of only four locations in the United States offering the Approved Instructor Training Course.

Jan - Feb, 2019, High Hopes Winter Lecture Series. Check online for more info!

April 2019

April 10, Registration Deadline for June 12-15 OSWC

PATH Intl. ESMHL workshop & skills test: April 13-16, 2019 PATH Intl. Approved CEUs = 2 ESMHL CR; 6 DE; 12 CE.

On Demand

What's this year's plan for achieving PATH Intl. CEUs?

Have you thought about On Demand training?

PATH Intl. Registered Instructor Certification
PATH Intl. Advanced Instructor Certification

Non-Profit Business, Development & Administrative Workshop PATH Intl. Approved CEUs = 12 CE

PATH Intl. Mentor Training workshop
PATH Intl. Approved CEUs = 14 CE

PATH Intl. Mentor Training Workshop
HIGH HOPES THERAPEUTIC RIDING INC. CONTINUING EDUCATION
HIGH HOPES THERAPEUTIC RIDING, Inc. Registration Form

Name: _____ PATH Intl. Yes/No _____ Membership No. _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (Day) _____ Phone (Cell) _____ Email: _____

Program Affiliation: _____ (e.g. High Hopes TR, etc.) Role or position: _____

How did you hear about this workshop? Facebook E-Blast List Serve PATH CC Strides Other Ad

Please register me for the following workshop:

PATH Intl. Mentor Training Workshop, preferred On-Demand Date _____ Fee: **\$350*** (inc. light lunch)

Registration cost includes: A light lunch

For reference only we provide below the key prerequisites as listed at time of print on the PATH website. **For current Certified Mentor prerequisites and a complete description of the current Mentor Certification process, please consult the PATH Intl. website or call the PATH Intl. office at 800.369.7433:**

- *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.*

Cancellation and Refund Policy: High Hopes reserves the right to cancel all or any part of the workshop and/ or certification due to unforeseen circumstances. In that case all paid registration fees will be refunded in full. Participant cancellations for on demand workshops and/or certifications up to 14 days before the first workshop /certification day, will receive a full refund minus a \$150 service fee. No reimbursements will be granted after this. I have read, understand and accept all High Hopes terms, conditions and cancellation/refund policies in this registration form and on the High Hopes website <http://www.high-hopestr.org>

I consent I Do Not Consent

Date: _____ Consent Signature: _____

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.

Date: _____ Consent Signature: _____

Please mail to: High Hopes Therapeutic Riding, Inc. 36 Town Woods Road, Old Lyme, CT 06371. Attn: Sarah Carlson, or register online at <http://www.highhopestr.org>. Upon receipt of this completed form and payment, High Hopes will send you an official letter of welcome and any additional materials necessary.

For questions contact Sarah Carlson at (860) 434-1974 ext. 115, or scarlson@highhopestr.org.

HIGH HOPES THERAPEUTIC RIDING INC REGISTRATION & RELEASE
PLEASE COMPLETE ENTIRE FORM

Please Check One: Visitor: Brd/Cmt Member: Spec Event Volunteer: One Day Vol/Group: T&E course visitor:

Name: _____ Home #: _____ Cell #: _____ DOB: _____
Address: _____ Town: _____ State/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(s): _____

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(s): _____

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 VIDEO & PUBLICITY RELEASE

High Hopes takes the privacy of our participants, their families, volunteers, visitors and staff seriously. At the same time we value the use of real images in the promotional and reporting activities which enable us to provide subsidized therapeutic activities. By engaging in activities at High Hopes Therapeutic Riding, Inc. I understand that I/my child/my ward may be photographed, filmed, or videotaped and I hereby give High Hopes Therapeutic Riding, Inc. the unqualified right to take pictures and/or recordings of me/my child/my ward and grant the perpetual right to use that likeness, video, image, photograph (collectively "image"), without compensation, for broadcast or exhibition in any medium and to put the finished images/recordings to any legitimate use without limitation or reservation. I hereby waive, release and forever discharge High Hopes Therapeutic Riding, Inc. from and against any and all claims or actions arising out of, or resulting from any use of your image. High Hopes Therapeutic Riding, Inc. shall not be obligated to use, and may elect not to use, any image.

I consent I Do Not Consent

Date: _____

Consent Signature: _____

Consent 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: _____

Consent Signature: _____

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: _____

Consent Signature: _____

Consent Signature: _____

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

DIVERSITY & ANTI-DISCRIMINATION:

At High Hopes, everyone is welcome. We do not discriminate on the basis of race, color, national or ethnic origin, ancestry, age, religion or religious creed, disability, sex, gender, gender identity and/or expression (including a transgender identity), sexual orientation, military or veteran status, genetic information, or any other characteristic protected under applicable federal, state or local law. We would be grateful if, you would complete the following to help us ensure we live our intent:

- White
- Hispanic, Latino or Spanish
- Black or African American
- Asian
- American Indian or Alaska Native
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- Other race or ethnicity

- Prefer not to answer