Kopper Top Life Learning Center

When spirits run free, there are no limitations!

6657 Kimesville Road, Liberty, NC 27298
(336) 565-9723 • www.koppertop.org

VOLUNTEER INFORMATION

Name_____Date _____

Date of Birth_____Home Phone_____Work Phone_____

Address_____City/State/Zip_____

Email address:_____

Notify in case of an emergency:_____Phone:_____

Available: Days_____Evenings_____Weekends_____

Physical Limitations?_____If so, please specify:_____

_____

Allergies?_____Medications_____

Walk for 60 minutes and jog for short distances?_____

Given a chance to change sides frequently, can you hold your arm above your shoulder height and support a modest weight?_____

Are you comfortable working with or around animals?_____

Do you have experience with horses or ponies?_____ If so, please specify:_____

_____

Have you had any experience with people with disabilities?_____

_____

Do you have any other skills/training which may be of benefit to a volunteer program?_____

_____

Our needs for volunteers are for leaders, side walkers, landscape artists, construction, and fundraising. Please check any areas that you are interested in or may be of assistance.

_____ Side walkers/horse handler
_____ Assist with transportation of individuals with disabilities
_____ Typing/office work
_____ **Fundraising**
_____ **Publicity:** *(writing articles, speeches, doing booth setups, etc.)*
_____ **Equipment care**
_____ **Farm, buildings, and grounds maintenance**
_____ Feed and groom animals (cats, dogs, horses, goats, chickens, rabbits)
_____ **Cleaning stalls and cages**
_____Take animals to nursing facilities

ACKNOWLEDGEMENT OF CONFIDENTIALITY OF CLIENT INFORMATION

In connection with my activities related to Kopper Top Life Learning Center, Inc., I agree to hold all information I have access to about clients confidential and will not divulge any information to unauthorized persons. I understand that the divulging of confidential information to unauthorized persons will make me subject to either civil action for the collection of monetary damage and/or suspension or dismissal. I also understand that no photographs, video, or other media of clients may be distributed electronically or in print without specific permission from the Executive Director and/or clients and/or their parents or guardians.

ACKNOWLEDGEMENT OF CLIENT RIGHTS

I have received, read, and understood the Kopper Top Client Rights policies and procedures and agree to abide by these rules when providing services to clients.

PHOTO RELEASE

I DO DO NOT ***(Circle one!)*** consent to and authorize the use and reproduction by Kopper Top Life Learning Center, Inc. and its partner programs, Elon University and students, of any and all photographs and any other audio / visual materials taken of me/my participant, for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

CONSENT FOR BACKGROUND CHECK

Full Legal Name:_____

Maiden Name: _____ Date of Birth: _____ M/D/Y

Have you ever been charged or convicted of a crime? Yes No

If yes, please explain: _____

_____

I hereby authorize Kopper Top Life Learning Center, Inc. to conduct a search of the North Carolina Offender Registry, to release any information on the Registry to Kopper Top Life Learning Center, Inc. I understand the misrepresentation or omission of facts requested is just cause for non-appointment as a Kopper Top Life Learning Center, Inc. volunteer.

PERMISSION AND LIABILITY RELEASE

Yes, I _____ would like to volunteer at Kopper Top Life Learning Center, Inc. I understand that **NO LIABILITY** can be accepted or assigned by any organization or individual concerned with this instruction. I waive and release forever all claims for damages and negligence against Kopper Top Life Learning Center, its board of directors, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in programs at Kopper Top Life Learning Center in the event of any accident which may occur.

"Under North Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or death of a participant in equine activities resulting exclusively from inherent risk of equine activities. Chapter 99 E of the North Carolina General Statute."

"Under North Carolina law, there is no liability for an injury to or death of a participant in an agritourism activity conducted at this agritourism location if such injury or death results from inherent risks of the agritourism activity. Inherent risks of agritourism include, among others, risks of injury inherent to land, equipment, and animals, as well as the potential for you to act in a negligent manner that may contribute to your injury or death. You are assuming the risk of participating in this agritourism activity."

I acknowledge that I have read all of the above policies and agree to abide those policies as described.

_____

Signature *(Volunteer, Authorized Legal Representative, or Parent/Legal Guardian if under age 18)*

_____ _____

Date Witness

_____

Date

AUTHORIZATION for EMERGENCY MEDICAL TREATMENT FORM (Volunteer)

Name:_____DOB:_____Phone:_____

Address:_____City/State/Zip:_____

Physician's Name:_____Preferred Medical Facility:_____

Health Insurance Company:_____Policy #:_____

Allergies to Medication:_____

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 on the property of the agency, I authorize Kopper Top Life Learning Center to:

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-rays, 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:_____

Participant, Parent or Legal Guardian

Non-Consent Plan
I do not give my consent for emergency medical treatment/aid in case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place.

_____

_____

Date: _____ Non-Consent Signature:_____

Participant, Parent or Legal Guardian
Signed in the presence of center staff

A COPY OF THE COMPLETED MEDICAL/HEALTH HISTORY SHOULD BE ATTACHED TO THIS FORM.

Participant's Medical History & Physician's Statement

Participant:_____DOB:_____Height_____Weight_____

Address:_____

Diagnosis:_____Date of Onset:_____

Past/Prospective Surgeries:_____

Medications:_____

Seizure Type:_____

Medications:_____

SeizureType:_____Controlled Y N Date of Last Seizure_____

Shunt Present: Y N Date of last revision:_____

Special Precautions/Needs:_____

_____

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices:_____

For those with Down Syndrome: AtlantoDens Interval X-rays, date:_____ Result: + -

Neurologic Symptoms of AtlantoAxial Instability: _____

PATH International requires that all potential participants with Down syndrome have a medical examination by a licensed physician including a complete neurological exam that shows no evidence of AAI or neurologic symptoms. This information must be noted on the Annual Medical History and Physicians Statement. Thereafter an annual examination from a physician or qualified medical professional stating that the participant's physical exam reveals no signs of AAI or decrease in neurologic function is required for continued participation in any equine assisted activity at Kopper Top.

Please indicate current or past special needs in the following systems/areas, including surgeries:

Special Need	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that Kopper Top Life Learning Center, Inc. will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (eg. PT, OT, SLP, Psychologist, etc.) in the implementation or an effective equine activity program.

Name/Title:_____MD DO NP PA Other _____

Signature_____Date_____

Address:_____

Phone:( )_____ License/UPIN Number_____

KOPPER TOP
VOLUNTEER RULES AND REGULATIONS

- All required forms must be fully completed, signed, and submitted before you will be allowed to volunteer with us
- NO tobacco use, drugs, or use of alcohol allowed on the premises
- Children must be supervised at all times
- Clean up after yourself
- Label your belongings
- The front gate is automatic. Please do not push, pull, or drag the gate. You WILL be responsible to pay for damages you or your children have incurred.
- Be sure the front gate closes behind your vehicle so the animals do not get out
- Remember to close and latch all other gates after going through them
- DO NOT chase the sheep!!! *(they are easily stressed and can die quickly)*
- DO NOT enter pastures unless given permission
- Tie horses only with quick release knots!
- DO NOT feed horses sugar, candy, or peppermints
- DO NOT put bits in the horses' mouths unless instructed to do so by a staff member
- ASK permission before riding, and confirm which horse you may ride
- DO NOT ride the therapy horses before scheduled lessons
- Helmets are mandatory when mounted for all riders
- Horses and riders may only WALK in the woods
- DO NOT run horses back towards the barn
- DO NOT canter horses on hot days *(80 degrees or up)*
- Absolutely NO jumping on horseback without permission from the Executive Director
- Please obtain permission before feeding horses
- Please ask before taking pictures or video
  Due to issues we have had with past volunteers, it is now mandatory to receive permission from the Executive Director prior to posting and distributing Kopper Top pictures, especially on Facebook and other social media. Please talk to the Executive Director if you have questions regarding this rule.
- Volunteers may not use cell phones unless on break or off-duty
- Dogs are permitted only on a case-by-case basis, and must be approved by the director, and kept under control at all times
- Treat others how you would like to be treated
- NO hostile or threatening behavior of ANY kind!

Kopper Top strives to provide a safe, serene, supportive, and inclusive environment. Hostile or threatening behavior of any kind will not be tolerated. This includes, but is not limited to, physical or verbal abuse, insults, ridicule, harassment, or discrimination of any kind. Any person exhibiting violent or threatening behavior against any person, animal, or property will be escorted from the property and not permitted to return. If harm is incurred by any person, animal or property, the incident will be reported immediately to local law enforcement officials.

I have read and agreed to abide by these rules x_____

YOU WILL BE ASKED TO LEAVE IF YOU FAIL TO COMPLY WITH OUR RULES

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VOLUNTEER CODE OF ETHICS

The purpose of the Kopper Top Code of Ethics is to provide volunteers with an ethical and responsible framework from which to serve. All volunteers at Kopper Top have the responsibility to help maintain an ethical organization. This goes for all aspects of the organization, including services, programs, organizational structure, and all communication among the volunteers, staff, clients, the public, and the board of directors and advisory board.

As a Kopper Top volunteer, I will:

1. Listen to and obey instructions of Kopper Top Executive Director and staff
2. Respect and support the decisions of the staff and board members in regard to the success of the organization
3. Respect my fellow volunteers, as well as the animals, clients, and the staff
4. Stay informed of Kopper Top policies, rules, and procedures
5. Welcome and assist other volunteers as they join Kopper Top
6. Keep safety for myself and others in mind at all times
7. Bring to the attention of the Executive Director any issues I believe will have an adverse effect on the organization or those we serve
8. Help curtail any negative conversations, gossip, or rumor-related comments
9. Focus on the mission and needs of the organization, not my own needs
10. Serve with honesty, responsibility, initiative, and joy—be a giver, not a taker!
11. Do my best to ensure that the integrity and reputation of Kopper Top is upheld
12. Always be willing to learn and become a more effective volunteer
13. Treat others how I would like to be treated myself
14. Maintain professionalism in the field

As a Kopper Top volunteer, I will *NOT*:

1. Criticize the rules, volunteers, staff members, and/or their opinions
2. Use the organization for my personal gain or that of friends and/or family
3. Discuss confidential issues with anyone not directly involved in the issue
4. Steal, lie, cheat, or gossip
5. Undermine the authority of the Executive Director and staff

All Kopper Top volunteers share in the responsibility of maintaining excellence for Kopper Top's programs by upholding the Kopper Top Code of Ethics. After repeated attempts have been made to correct a volunteer's non- compliance with the Code of Ethics, or when the Code of Ethics has been severely violated, prompt action will be taken to remove or suspend the individual.

As a Kopper Top volunteer, I have read, agree to adhere to, and will be responsible for maintaining the Kopper Top Code of Ethics.

_____ _____

Signature Date

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VOLUNTEER TERMINATION POLICY

Volunteering at Kopper Top is an incredible privilege! You get to work with incredible animals and people and watch miracles in their lives! We appreciate all the time, skill, energy, and commitment volunteers bring to our program. However, sometimes it may be necessary to remove a volunteer from service at Kopper Top. Please understand, that for the safety and best interests of the program, and the continuation of excellence at Kopper Top, a volunteer who is not abiding by the rules and Code of Ethics, and/or not properly performing his/her duties, may be discharged from the volunteer program, and not invited to return to Kopper Top.

Reasons for discharge include, but are not limited to:

1. A background check showing history of abuse or criminal acts against persons or animals.
2. Any breach of the Kopper Top confidentiality policy.
3. Creating any unsafe situation through careless behavior, disregard for the volunteer rules, or ignoring instructions from the Kopper Top staff.
4. Threatening or abusive behavior towards animals, clients, volunteers, or Kopper Top staff
5. Smoking or the use of drugs or alcohol while on the premises or intoxication.
6. Use of profane, vulgar or disrespectful language or expressions
7. Non-compliance with the Kopper Top Code of Ethics

All volunteer discharge decisions will be made jointly by the Executive Director and staff directly involved. Less serious infractions will be dealt with by verbal warning, with a possible written report placed on file. However, Kopper Top reserves the right to immediately discharge any volunteer at any time in order to ensure a safe experience for all people and animals involved with our program.

As a Kopper Top volunteer, I certify that I have read the ***Volunteer Rules and Regulations,*** the ***dress code***, *(located in the volunteer manual)*, as well as the ***Code of Ethics***, and agree to abide by the terms set forth. I understand that failure to abide by them may result in my termination from the Kopper Top Volunteer Program. I have also read/will read the Kopper Top Volunteer Manual and abide by the principles set forth in it.

Signature*_____ Date _____

***If volunteer is under 18, this part must be signed by a parent or legal guardian.**

I, _____, certify that I am the parent or legal guardian of _____ _____, Kopper Top volunteer. I acknowledge that he/she has read and understands the ***Rules and Regulations***, the ***dress code***, and the ***Code of Ethics*** and agrees to abide by them. I realize that failure to comply may result in the termination of their volunteer service. He/she has also read/will read the Kopper Top Volunteer Manual and abide by the principles set forth in it.

Signature _____ Date_____