



ALBANY THERAPEUTIC RIDING CENTER, INC.
founded 1981

Albany Therapeutic Riding Center, Inc.

6640 Fuller Station Road, Altamont, NY 12009

(518) 898-0742

albanytherapeuticridingcenter@gmail.com



Dear Prospective PATH Intl. Instructor-In-Training,

Thank you for your interest in the Instructor Mentorship Program at the Albany Therapeutic Riding Center, Inc (ATRC)! Albany Therapeutic Riding Center is dedicated to helping students of all ages in gaining confidence; furthering physical, cognitive, and emotional development; and learning to build relationships with horses through therapeutic horsemanship. ATRC has provided equine assisted activities since 1981 and was the first therapeutic riding program in the Albany area. We are certified through the Professional Association of Therapeutic Horsemanship, International (PATH, Intl.) and are powered primarily by volunteers.

PATH Intl. ITs at ATRC will learn the ins and outs of a working therapeutic riding facility through a mentor program that is tailored to their specific needs and educational requirements. At ATRC an Instructor in Training can learn about working with people living with a variety of different abilities and disabilities, how to provide the most effective therapeutic riding lesson tailored to the rider's needs, lesson planning, horse care, conditioning, and assignment, barn management, volunteer coordination, fundraising and grant writing, office management, and non-profit management based on the applicant's areas of professional interest. We are here to support you in your professional development and to help you gain the experience you need in an educational type setting to run a therapeutic riding center in "the real world." This program requires a minimum of 15-20 hours of on-site work and education per week.

Please take a look at this entire mentorship packet and fill out and return the application, liability release, confidentiality agreement, and authorization of emergency medical treatment form, as well as the \$700 Mentorship Program fee (\$50/ week, cash or check) to help cover educational costs associated with the mentorship i.e. CTRI Mentor hours/ time, program costs, operational costs, etc, to us by either mailing the forms to:

Albany Therapeutic Riding Center, Inc.

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Or drop the application off to the farm during operating hours. If you have any questions regarding the application, requirements, job description/ duties, and learning objectives, or would like to discuss the specific needs of your certification process/ requirement checklist please contact us at albanytherapeuticridingcenter@gmail.com.

Thank you again for your interest in mentoring with us at ATRC!

Taylor Huntley- Executive Director



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Mentorship Program Application

Date: _____

Name: _____ Birth Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone _____

Email: _____

College/ University currently attending (*if relevant*):

Faculty Advisor (*if relevant*): _____

Phone: _____ Email: _____

Education you have taken relevant to your certification, if applicable (*please list title, not number*):

How did you hear about Albany Therapeutic Riding Center, Inc?

Are you comfortable working around horses? Yes No

Do you have prior horse experience? Little/ None Some Considerable

Please describe:



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Which areas of our program are you most interested in learning about/ working with?

(Please number your subject preferences; 5 most interested- 1 not interested at all)

- _____ Riders/ Therapeutic Riding lesson programming/teaching
- _____ Horse/ Equine care/ fitness/ health management
- _____ Volunteer Coordinating/ recruiting
- _____ Office work/ Fundraising. Scheduling
- _____ Non profit managing/ marketing/ website and social media management

Explanation of ranking:

Do you have training or experience working with people with special needs? YES NO

Please describe:

Are you willing and physically able to handle physical labor, walk a part of the day, work in all weather conditions and lift at least 40lbs? YES NO

If NO, please explain:

Have you ever been arrested for, or convicted of, a crime against a person or animal? YES NO



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Professional Association of Therapeutic
Horsemanship International

Have you ever been listed on a registry for child abuse? YES NO

What kind of supervision do you work best under?

When do you need to know about your certification/ mentor program by?

How many hours per week are you able to commit to this mentorship? _____

How many hours TOTAL do you still have to complete prior to certification? _____

Available Start Date: _____ Estimated End Date: _____

(Mentorship Programs are run in 14 week blocks, \$700.00 for the 14 weeks, \$50/week)

What days and times are you available to work? *(Please check days and write in time(s))*

____ Sunday Time(s): _____

____ Monday Time(s): _____

____ Tuesday Time(s): _____

____ Wednesday Time(s): _____

____ Thursday Time(s): _____

____ Friday Time(s): _____

____ Saturday Time(s): _____

Please write additional explanations if needed:



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During your mentorship, are there any days or weeks you are not available/able to work?

YES NO If yes, please explain:

What goals are you hoping to accomplish during your mentorship at Albany Therapeutic Riding Center?

Are there certain aspects of an equine facilitated therapeutics center that you would like to focus on during your time at ATRC?

If your mentorship is for university/ college credit, what are the institution's requirements of the site supervisor? *For example, are there required reviews, evaluations, periodic meetings or phone calls with the faculty advisor, etc.*

It is important that ATRC knows all site supervisor responsibilities prior to agreeing to host an instructor in training.



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REFERENCES

Please list **THREE** people, who are not related to you, who can provide a personal or professional reference:

REFERENCE 1:

Name: _____ Phone: _____

Association: _____

REFERENCE 2:

Name: _____ Phone: _____

Association: _____

REFERENCE 3: _____ Phone: _____

Association: _____

Mentorships may be terminated at any time by either the instructor in training or the Albany Therapeutic Riding Center (ATRC) and must be accompanied by a **WRITTEN** statement for the reason of termination. ATRC will not be liable for the college credit or the grades received by the instructor in training for the mentorship.

Applicant Signature: _____ Date: _____



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CONFIDENTIALITY POLICY

The Albany Therapeutic Riding Center, Inc. (ATRC) recognizes the right of participants/ riders and their families to have privacy and control of any personal or professional information of any kind, and may be sensitive. In order to respect that right to the fullest extent, ATRC as implemented the following policy/ policies regarding confidentiality.

Every person in connection with ATRC, whether it be staff, volunteers, interns, board members, independent contractors/ temporary employees, and instructor workshop/training/certification participants, are bound to the directives of this policy. Any person violating these policies will be subject to penalties ranging from reprimand to alteration of job responsibilities to termination to legal action.

Information that is considered to be confidential information includes but is not limited to all medical documentation, family information, social, referral, personal, financial concerns regarding a participant and/ or their family, or any individual. Any of this information is considered confidential regardless of how you have obtained the information, whether directly from a participant, family member, ATRC staff member, volunteer, or others associated with ATRC, or any way through any other source(s), such as but not limited to a chart, computer screen, or overheard conversation.

Consent to disclose any information to outside individuals or agencies, including photographs and video footage, should be obtained in writing from the proper legal representative. Adults that are age 18 and over with developmental disabilities are presumed to be competent to give consent unless they have specifically been found incompetent in a court of law. In such a case, a proxy would be assigned, and any consent must be obtained from that decision maker.

I understand that all information (written and verbal) about participants at the Albany Therapeutic Riding Center, Inc. is confidential and will not be shared with anyone without the express written consent of the participant and their parent/guardian in the case of a minor. This includes sharing photos and videos of the rider, families, volunteers, staff members, etc. on social media, the internet, in printed form, or with others. The staff and volunteers shall keep confidential all medical, social, referral, personal, and financial information regarding a person and their family.

I have read and understand the ATRC confidentiality policy as described above and agree to observe its principles.

Date: _____ Name: _____

Signature: _____

(Signature of parent/guardian if under 18)



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Release and Waiver of Liability

My full name is: _____

My child or ward's full name (if applicable) is: _____

My/ my child/ ward's date of birth (Month/Day/Year): _____

Please check one: I would like myself _____ or my child or ward _____ (the "participant") to engage in horseback riding and/or to volunteer to aid riders who are horseback riding, which includes all activities of any nature whatsoever in conjunction with the use and enjoyment of horses, whether or not mounted, and any equipment utilized or demonstrated, all of which is defined as this "Activity."

Address: _____

In the event of an emergency, please contact:

1. Name: _____
 - a. Relation: _____
 - b. Phone: _____
2. Name: _____
 - a. Relation: _____
 - b. Phone: _____

In consideration for participating in this Activity, as offered by Albany Therapeutic Riding Center, Inc., as the Participant and in the case that the Participant is a minor or incompetent adult, as the Participants' parent (the "Parent") or legal guardian (the "Guardian") hereby, on behalf of the Participant and the Undersigned, and their respective wards, personal representatives, executors, administrators, heirs, next-of-kin, spouses and assigns, acknowledge and agree as follows:

1. Acknowledge that this Activity is a potentially dangerous activity and involves numerous obvious and non-obvious inherent risks that may cause serious injury, and in some cases, death because of the sometimes unpredictable nature and irrational behavior of horses regardless of their training and past performance.
2. Acknowledge that this Activity is instructional and not recreational and therefore does not fall within the scope of New York General Obligations Law, § 5-326;
3. Certify that the Participant is capable of participating in this Activity and acknowledge that the undersigned Participant, Parent and/ or Guardian voluntarily assumes the risk and danger of loss, injury, accident, illness, paralysis, loss of personal property, or death and expenses resulting from this Activity or the use of the horses, equipment, and gear provided to the Participant for this Activity;
4. Acknowledge and agree that the Participant who is engaged in an Albany Therapeutic Riding Center, Inc. activity will wear a safety helmet that meets or exceeds the equestrian industry standard; additionally, if the helmet is provided by the Participant, the helmet will meet the above standard;



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5. Expressly WAIVE any claim, lawsuit, complaint, charge, or cause of action against Albany Therapeutic Riding Center, Inc., its agents, therapists, board of directors, aides, employees, officers, volunteers, and affiliated organizations by the Participant, Parent and/ or Guardian, as applicable, for any loss, legal liability, damages or costs whatsoever arising out of or related to any loss, injury, accident, illness, paralysis, loss of personal property, or death to the Participant, and to other persons as a result of the Participant's participation, including medical expenses, in this Activity.

6. RELEASE Albany Therapeutic Riding Center, Inc. from any claim that Albany Therapeutic Riding Center, Inc. was negligent in connection with the Participant's participation in this Activity, including but not limited to, training or selecting horses, maintenance, care, fit or adjustment of saddles or bridles, instruction on riding skills or leading and supervising riders or the use of any equipment provided by Albany Therapeutic Riding Center, Inc. or being on the premises on which Albany Therapeutic Riding Center, Inc. operates, which result in loss, damage, injury, or death;

7. INDEMNIFY AND SAVE AND HOLD HARMLESS Albany Therapeutic Riding Center, Inc. from and against any loss, liability, damage or cost Albany Therapeutic Riding Center, Inc. may incur arising out of or in any way connected with the Participant's handling or riding a horse and/or use of saddles, bridles, equipment, and gear provided therewith from or contributed to by the Participant's or Undersigned's own negligence; and

8. Expressly AGREE that this Release and Waiver of Liability is governed by the State of New York and is intended to be as broad and inclusive as is permitted by New York Law, and that in the event any portion of this Release and Waiver of Liability is determined to be invalid, illegal, or unenforceable of the remainder of this Release and Waiver of Liability shall continue in full legal force and effect.

I, the Undersigned, have read this Release and Waiver Agreement and understand that by signing this document, I am waiving valuable rights and/or claims that I may have against Albany Therapeutic Riding Center, Inc.

The Undersigned:

I am 18 years of age or older and am competent to contract in my own name. I have read this Release and Waiver or Liability before signing below and I fully understand its contents, meaning, and impact.

Participant Signature: _____ Date: _____

Name of Signatory (please print): _____

If Participant is age seventeen or younger, or an incompetent adult, there must be consent by a parent or guardian as follows: I hereby certify that I am the Parent or Guardian of the Participant named above and am signing below as an individual and in my capacity as the Parent or Guardian of the Participant and hereby give my consent without reservation to the foregoing on behalf of the Participant.

Signature: _____ Date: _____

Parent or Legal Guardian Name of Signature (please print):



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Emergency Medical Treatment Authorization Form

Name: _____ DOB: _____ Phone: _____

Address:

Physician Information:

Name: _____

Clinic Address:

Phone: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medication: _____

Current medications and dosage: _____

Emergency Contact #1:

Name: _____

Relation: _____

Phone: _____



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Emergency Contact #2:

Name: _____

Relation: _____

Phone: _____

Preferred Medical Facility: _____

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 Albany Therapeutic Riding Center, Inc., I authorize Albany Therapeutic Riding Center, Inc. to:

1. Secure and retain medical treatment and transportation if needed.
2. Release my medical, lesson 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 none of the persons listed above are unable to be reached.

Participant Signature: _____ Date: _____

Name of Signatory (please print): _____

If Participant is age seventeen or younger, or an incompetent adult, there must be consent by a Parent or Guardian as follows: I hereby certify that I am the Parent or Guardian of the Participant named above and am signing below as an individual and in my capacity as the Parent or Guardian of the Participant and hereby give my consent without reservation to the foregoing on behalf of the Participant.

Signature: _____ Date: _____

Parent or Legal Guardian Name of Signature (please print):



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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. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Participant Signature: _____ Date: _____

Name of Signatory (please print): _____

If Participant is age seventeen or younger, or an incompetent adult, there must be consent by a Parent or Guardian as follows: I hereby certify that I am the Parent or Guardian of the Participant named above and am signing below as an individual and in my capacity as the Parent or Guardian of the Participant and hereby give my consent without reservation to the foregoing on behalf of the Participant.

Signature: _____ Date: _____

Parent or Legal Guardian Name of Signature (please print):



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Mentorship Job Description

Job Summary- Under the supervision of the Executive Director at Albany Therapeutic Riding Center, Inc. Instructors in Training will assist in providing, promoting, and encouraging the benefits of equine facilitated therapeutics and activities by teaching horsemanship to individuals across multiple populations. Duties tailored to each individual's certification will be discussed at the start of the mentorship by may include some of the following: teaching lessons, administrative duties and office work, event and fundraising planning, barn maintenance and horse care, and possible equine exercising/ schooling and conditioning.

Location- Albany Therapeutic Riding Center, Inc. (145 Bullock Road, Slingerlands, NY 12159)

Supervisor- Executive Director, reporting to Stable Hand and Volunteer Coordinator occasionally

Responsibilities

- Implement and facilitate safety standards/ risk management procedures in a caring, supportive, and fun environment for all participants, volunteers, and staff members.
- Teach adaptive therapeutic riding lessons to participants of all ages and abilities as assigned under the direct supervision of a PATH Intl CTRI.
- Conduct pre-lesson activities such as participant intake assessments, assign riders a horse and volunteers, lesson plan, review progress notes from previous lessons, prepare for lesson activities (arena set up, volunteer preparation, tack cleaning and check, etc.) warm up horses.
- Conduct post-lesson activities such as lesson discussions with participant parents and volunteers, clean up tack/ arena, write progress notes/ update participant progress profile, lesson evaluations.
- Help create a nurturing, positive, and professional environment while promoting program policies and procedures among staff, volunteers, participants and families, visitors, and our community
- Assist in the daily care of program equines as assigned including feeding/ watering, stall cleaning and maintenance, paddock control/ maintenance, schooling/ exercising, farrier appointments, and medical care as needed.
- Field and property paddock care.
- Attend weekly staff meetings and required trainings
- Assist with events such as service fairs or fundraisers as well as help with pre and post event tasks as needed.
- Assist with private and group lessons as a leader or sidewalker if mentee is not the instructor teaching the lesson.



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- Assist in volunteer scheduling, recruitment, and communicating
- Assist in lesson and horse use scheduling
- Assist in research and development (fundraising, grants, non profit management, equine health and nutrition, industry safety standards)
- Help with general public relations and community outreach, event and fundraiser planning
- Plan, develop, and implement one program development project for the facility, research how to fund and follow through with the project, propose how the improvement will benefit our programs as a whole.
- Other tasks/ duties as assigned.

Qualifications

- Commitment to a positive, fun, and team-oriented working environment.
- Working knowledge of PATH Intl. Standards program safety and facility policy and procedures.
- An individual seeking PATH Certification facility and teaching hours, Registered Level Instructor or CTRI.
- Valid Drivers License and able to provide own transportation.
- Basic computer skills including Microsoft Office and Google Docs.
- Experience with people of all abilities, programming, and safety needs.
- Some equine handling experience, some can be taught.
- Must be able to teach and work outside in all weather conditions, lift up to 40-50 pounds and be on your feet for long periods of time
- Must take directions well, be open to asking questions if need be, have excellent people and communication skills, a caring personality, and soft hands with the horses.
- A positive attitude and energetic disposition, team player mentality. We have a small and close knit team that is here to help bring educational experiences to interns. Must act in a professional manner at all times.
- Calm personality is super important around the horses and riders, attention to detail is a must as well as prioritized rider satisfaction.
- Filled out and returned Mentorship application with required liability and emergency medical treatment authorization forms to be returned, understanding that ATRC currently does not provide paid mentorships.



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ATRC Mentorship Learning Objectives

1. Evaluate and assess potential participants through the intake assessment process to determine if therapeutic riding is appropriate for a candidate, assign proper horse and volunteers to support the rider.
2. Volunteer coordination: connecting with volunteers, scheduling volunteers, providing volunteer training to new volunteers, recruitment and retention.
3. Lesson planning for specific participants, teaching lessons to participants under the direct supervision of the PATH Intl. Certified Therapeutic Riding Instructor, completing lesson evaluations and reflections with the certified instructor.
4. Create and complete project proposals for the program to increase program effectiveness for riders, i.e. fixing/replacing the wheelchair ramp. Propose project, budget project, establish proper fundraising campaign for project.
5. Office work such as grant writing, scheduling, connecting with community members, outreach, updating rider forms/ evaluating progress of riders, review and uphold risk management procedures, uphold PATH Intl. Standards.
6. General barn work including but not limited to feeding Center equines, stall and barn maintenance, inventorying supplies, tack and equipment upkeep, exercising of Center equines, and other duties as applicable.