

# **TUFF THERAPEUTIC RIDING FOUNDATION**

The Tuff Therapeutic Riding Foundation (TTRF), charitable #79197 5865 RR0001, provides opportunities for youth at-risk. Participating youth come from very diverse backgrounds and experiences, but are similarly struggling emotionally and behaviorally. Many program participants have histories of trauma and abuse, and most struggle with mental health issues and/or learning disabilities. TTRF provides the opportunity for participants to learn basic horsemanship and riding skills while addressing specific treatment goals including overcoming depression, anxiety, anger, ADHD, substance abuse, eating disorders, bullying, lack of self-esteem, grief, and post-traumatic stress disorder. Through interacting with the horses, participants are able to develop life skills, build confidence, and gain insight into their own issues and challenges. This innovative and very unique program serves youth at-risk in Southern Ontario.

The TTRF program serves youth aged 12-21 years-old, with approximately 100 youth benefiting from this program annually. TTRF operates out of Jewel View, a private 100-acre farm owned and operated by Dr. James & Ellen Downey. Ellen Downey is the Founder and CEO of TTRF, and has over 30 years' experience working with adolescents at-risk.

Program participants are matched with their own horse and volunteer for the duration of the 10-week session. Working together with their volunteer, and under the direct supervision of the program director, the youth are responsible for the grooming and tacking of their horse before participating in a 60-minute riding lesson. Following the lesson, volunteers, riders and instructors come together for a debrief session and together process their feelings and behaviors as well as discussing both the challenges and accomplishments they have experienced with their horse.

This unique program provides mental health support to youth at-risk, while also teaching them how to ride a horse and connect with these massive magical animals! Volunteers are part of this great team as they support and nurture this special relationship.

# TUFF THERAPEUTIC RIDING FOUNDATION

## Volunteer Application Form

Date of Application: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Date of Birth (yy/mm/dd): \_\_\_\_\_  
OEF Insurance Number (if applicable): \_\_\_\_\_

### Address/Contact Information:

Street address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Preferred form of contact (check all that apply):

Home phone  Cell phone  Email

### Health and Emergency Contact Information:

Health card number: \_\_\_\_\_ Tetanus shot in the last 10 years: *Yes / No*  
Covid Vaccine: First shot: \_\_\_\_\_ Second shot: \_\_\_\_\_  
Physician's name: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Please list all pertinent medical information (allergies, current medication, and medical conditions):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### Education and Employment Information:

Educational background: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current place of employment: \_\_\_\_\_

Brief description of current role: \_\_\_\_\_  
\_\_\_\_\_

If student, name of college/university: \_\_\_\_\_

**Volunteer experience:**

Please describe any relevant volunteer experience you have: \_\_\_\_\_

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How did you hear about the Tuff Therapeutic Riding Foundation:

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Evening availability:    *Monday*     *Tuesday*     *Wednesday*     *Thursday*

**Horse experience:**

Briefly describe your experience with horses: \_\_\_\_\_

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Do you have any riding qualifications or certifications (i.e. Pony club levels, OEF/EC riding levels, etc.)? If yes, please describe. \_\_\_\_\_

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Do you have any coaching experience? If yes, explain. \_\_\_\_\_

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Do you have any equestrian coaching qualifications? If yes, provide details. \_\_\_\_\_

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Please list any other relevant equestrian qualifications and/or memberships:

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Please provide any other information we should know about you: \_\_\_\_\_

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**References:**

Please provide two personal references, other than relatives, who the Tuff Therapeutic Riding Foundation may contact. It is preferred that one of your references will be able to speak about your equestrian experience.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Business phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
How long have you known this person: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Business phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
How long have you known this person: \_\_\_\_\_

**Criminal Information Request:**

It is the policy of the Tuff Therapeutic Riding Foundation that all potential volunteers provide an annual Vulnerable Sector Check letter from your local OPP detachment.

Please contact [victoria@jewelview.org](mailto:victoria@jewelview.org) to produce a customized letter to request a Vulnerable Sector Check

**Photo Release (optional):**

I consent to and authorize the use and reproduction by Tuff Therapeutic Riding Foundation and Jewel View, of any or 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 program.

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Signature of Applicant

Date

**Volunteer Liability Release:**

As a volunteer of the Tuff Therapeutic Riding Foundation, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the riders I work with are greater than the risk 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 Tuff Therapeutic Riding Foundation and Jewel View, its Board of Directors, Instructors, Therapists, Volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in Tuff Therapeutic Riding Foundation program.

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Signature of Applicant Date

By signing below, I understand and agree to the duties listed in the job description, and I understand that my position at Tuff Therapeutic Riding Foundation is as a volunteer only. I declare that all the information I have provided on all pages of this application is true and accurate to the best of my knowledge.

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Applicant Name (please print)

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Signature of Applicant Date

***Thank you for taking the time to complete this application!***

## **Social Media Guidelines**

Social Media Sites are communication tools that allow users to electronically interact with one another in some way by sharing information, opinions, knowledge and interests, such as (but not limited to): websites, online forums, blogs, wikis, social communication or other social networking sites, media or methods. Whether these sites are accessed on or off campus, or through a corporate or personal computing device TTRF has established strict guidelines for the use of social media sites to protect the privacy and confidentiality of TTRF visitors, stakeholders and animals and to safeguard the organization's reputation.

### **Guidelines for use of social media:**

1. Under no circumstances are you permitted to share or post any photographs of the TTRF Program participants on any social media platform.
2. Under no circumstances are you permitted to share or post any personal or identifiable information about any TTRF Program participants on any social media platform.
3. If you identify your affiliation with TTRF, your social media activities should be consistent with TTRF's high standards of professional conduct. Be professional, use good judgment and be accurate and honest in your communications.
4. Content related to TTRF that is posted on a page, blog or social networking website must comply with TTRF's policy on Social Media, including any policies related to discrimination and harassment.
5. You must write in first person, and where your connection with TTRF is apparent, make it clear that you are speaking for yourself and not on behalf of TTRF. In those circumstances, you must include the disclaimer: "the views expressed are my own and do not reflect the views of my employer." Consider adding this text to the "About me" or "Bio" section of your social media profile.
6. Your social media name, handle, picture and URL should not include TTRF's name or logo.
7. TTRF's official social media presence is managed by the Executive Director. TTRF volunteers who are found to be acting in a manner that is inconsistent with the above guidelines may be subject to disciplinary action, which could include termination of volunteering in affiliation with TTRF and in more serious cases, TTRF may pursue legal action as appropriate.

\_\_\_\_\_  
Signature /Date

## Confidentiality Agreement

### I understand that:

- All confidential and/or personal health information that I have access to or learn through my employment or affiliation with TTRF is confidential;
- TTRF is bound by the terms set out in the *Personal Health Information Protection Act, 2004*;
- That under no circumstances may confidential and/or Personal Health Information will be communicated either within or outside of TTRF, except to those persons who are within the client's Circle of Care<sup>2</sup> or who are otherwise authorized by TTRF to receive such information; and
- As a condition of my employment or affiliation with TTRF, I must comply with TTRF's privacy policies and procedures.

### I agree that:

- I will not access, use or disclose any confidential and/or Personal Health Information that I learn or possess because of my employment or affiliation with TTRF, unless it is necessary for me to do so in order to perform my job responsibilities.
- I will not alter, destroy, copy or interfere with this information, except with authorization and in accordance with TTRF's privacy policies and procedures..
- My obligations to protect a client's privacy and adhere to TTRF's privacy policies will continue for the duration of my employment or affiliation with TTRF and extends even after my term of employment.
- My failure to comply may result in the termination of my employment or affiliation with TTRF and may also result in legal action being taken against me by TTRF and others.

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Signature/Date

1. Personal Health Information - "**Personal Health Information**" means all information about an identifiable individual that: (i) relates to the physical or mental health, including information that consists of the health history of the client's family; (ii) relates to the providing of health care, including the identification of the health care provider; (iii) relates to payments or eligibility for health care, or eligibility for coverage for health care; (iv) relates to the donation of any body part or bodily substance or any derived testing or examination; (v) is the health number; or (vi) identifies the client's substitute decision maker. It also includes records that contain both Personal Health Information and other information that is otherwise not Personal Health Information (i.e., mixed records).
2. Circle of Care- "**Circle of Care**" means the health information custodian and their authorized agents, such as TTRF who are permitted to rely on a client's implied consent when collecting, using, disclosing or handling Personal Health Information.

# **Tuff Therapeutic Riding Foundation**

## Agreement for acceptance of risk and waiver of liability

I request permission to participate in horseback riding and other and other equestrian related activities at **Tuff Therapeutic Riding Foundation located at Jewel View** 4458 Con Road 4 Adjala, Loretto, ON, L0G 1L0, east half LOT 29 Concession 4 Adjala township.

I fully understand that horseback riding, handling and grooming of horses and other stable activities can be very dangerous.

I wish to participate in these activities at this facility knowing that they are dangerous.

I accept and assume all the risks of injury (including death) to me or my property including my horse.

By signing this waiver of release, I accept that in exchange for being permitted to participate in these activities for myself, my heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against **Tuff Therapeutic Riding Foundation/ Jewel View**, or its owners officers, directors, members, employees, or guests or any land owners, land holders or any persons making property available to **Tuff Therapeutic Riding Foundation/ Jewel View**, for any injury (including death), to me or any damage to my property, arising out of my participation in these potentially dangerous horseback riding or related activities.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Print legal name: \_\_\_\_\_

Print preferred name: \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_

Phone number: \_\_\_\_\_

***Special note: For all safety purposes, it is mandatory that all riders wear safety headgear, and proper footwear to help protect themselves.***