



**CARLISLE ACADEMY**  
*at Spring Creek Farm*

## **SERVICE-LEARNING FORMS**

**Welcome to Carlisle Academy! Thank you for your interest in our programs. Below you will find all required application paperwork to help you get started.**

**Registration Checklist:** Please make sure that you complete **all** paperwork that applies to the program you are registering for.

- Application Form
- Service-Learning Information Sheet
- Confidentiality Form
- Liability and Inherent Risks Form

Please visit our website: **[carlisleacademymaine.com](http://carlisleacademymaine.com)** to review our different programs, and to determine the best fit and eligibility.

The next step is to contact Alissa Luckey, Office and Communications Manager at Carlisle Academy to discuss space availability and program suitability (207-985-0374, [aluckey@carlisleacademymaine.com](mailto:aluckey@carlisleacademymaine.com)).

Thank you again for your interest. We look forward to working with you!

Sarah Armentrout, Head of School

# Service-Learning Program INFO SHEET

Our Service-Learning Program (SLP) offers community members a valuable educational exchange based on a service-learning model. There are three types of Service Learning: *Program Aide, Barn Assistant & Horse Handler*. We safely place and train participants into designated roles according to their interests and abilities. In return for a commitment to service, we offer enriching benefits which include:

- Approved community service hours for high school/college
- Access to an equine learning community and field professionals
- Access to free auditing to any Carlisle Academy clinics (Para-Equestrian, Dressage, Eventing, & Horsemanship)
- Access to discounted lessons (see details below)

To apply for the Service-Learning Program, individuals must be at least 14 years old (Barn Assistant), at least 16 years old (Horse Handler), at least 18 years old (Program Aide) and complete an application packet. ***Participants will need to go through an assessment by Carlisle Academy Staff to determine program eligibility and readiness.*** After acceptance into this program, individuals attend a mandatory training taught by Carlisle Academy staff.

## **Program Aide**

The primary role of a Program Aide is to assist the instructor or therapist with the health and wellness program activities. This may include arena or classroom setup and breakdown, as well as general assistance for participants.

Eligibility includes:

- must be 18 years old or older
- 4 hours minimum per week commitment
- Ability to effectively lead and manage up to 2 children
- Physical capacity to ambulate on uneven surfaces and lift up to 25 pounds
- Backgrounds in health and/or education are desirable but not required

## **Barn Assistant**

The primary role of a barn assistant is to assist the farm staff with morning chores beginning as early as 7am and ending by 11am. Schedules can vary, and participants may also start the day at 9am. Chores include minimal stall cleaning, scrubbing buckets, sweeping aisles, blanketing, and cleaning tack. After morning chores, the barn assistant will help the farm staff with horse grooming duties.

Eligibility includes:

- must be 14 years old or older
- 4 hours minimum per week commitment
- Possess introductory level of horsemanship skills (leading safely from stalls, grooming)
- Must be enrolled in at least once weekly lesson at Carlisle for continual learning. For every lesson package of 6 purchased, participants receive the 7<sup>th</sup> lesson free of charge (provided SLP participant is active during the season in which lessons occur).

## **Horse Handler**

The primary role of a Horse Handler is to assist with equine warmups prior to lesson time, including fetching and releasing horses prior to and after warmups or a lesson, grooming and tacking, leading or holding horses if needed for a beginner lesson, and horse stretches after the workday. Horse Handlers may also be asked to prepare or breakdown an arena for a lesson, clean barn aisle, tack and tack area, and record documentation related to horse use or activity assigned.

Eligibility includes:

- must be 16 years old or older
- 4 hours minimum per week commitment

- Possess intermediate level of horsemanship
- Possess the ability to safely and effectively exercise select horses for warmups, while showing proficiency in walk, trot, and canter and putting the horse on the aids
- Excellent time management and work organization skills
- Complete Carlisle Academy's Horse Handler Training Course
- Must be enrolled in at least once weekly lesson at Carlisle for continual learning. For every lesson package of 6 purchased, participants receive the 7<sup>th</sup> lesson free of charge (provided SLP participant is active during the season in which lessons occur).

## **SERVICE-LEARNING PROGRAM APPLICATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth (if under 18) \_\_\_\_\_ If under age 18, Name of Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Employer \_\_\_\_\_

Have you or a family member served in the Military? No  Yes  \_\_\_\_\_

Have you ever been convicted of a crime? No  Yes  (Please explain on a separate sheet).

Have you ever been adjudicated as a juvenile of a juvenile offense? No  Yes  (Please explain on a separate sheet)

### **Emergency Contact Information**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Please list allergies** (e.g. bee stings, penicillin), medical conditions and/or medications that Carlisle Academy should be aware of.

Allergies: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_ Any Restrictions for Lifting/Physical Activity? \_\_\_\_\_

# Service-Learning Program Availability

**Please share with us your seasonal and daily availability**

Program (Program Aide, Barn Assistant, Horse Handler): \_\_\_\_\_

Season (winter, spring, summer, fall): \_\_\_\_\_

Daily (please write-in days): \_\_\_\_\_

AM/PM: \_\_\_\_\_

## Experience

Tell us about your horse and/or riding experience:

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Have you previously volunteered or worked at a riding center? \_\_\_\_\_

Tell us about your experience working with people with disabilities? \_\_\_\_\_

Are you a student?  No  Yes If yes, where? \_\_\_\_\_

Are you acquainted with a Carlisle Academy employee or trainee? If yes, whom? \_\_\_\_\_

How did you hear of the Carlisle Academy Service-Learning program? Whom were you referred by?

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## References

**Please list one personal and one business/school reference:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

# Confidentiality Policy for Service-Learning Program Members

The purpose of a confidentiality policy is to safeguard our Clients' rights to privacy. Carlisle Academy's Confidentiality Policy is that no person will discuss the purpose, content, nature, or specifics of any Client's therapeutic sessions without expressed written consent from the individual Client, or from the Client's Legal Guardian. Staff members are required to have an official Carlisle Academy Release of Information form signed by the Client's Legal Guardian before they may discuss that Client's needs with other qualified care providers. Confidential information is maintained as such by Staff and is not allowed to leave the property in any form unless otherwise specified. Service-learning program members are expected to ask questions of the Client, Staff and Legal Guardians they work with in order to better serve the Client's needs, however they have no access to Client's files and may not discuss any specific aspects of the Clients' needs or challenges while away from the Carlisle Academy property. This means that no information about Carlisle Academy Clients or their families may be revealed to anyone outside of Carlisle Academy Integrative Equine Therapy & Sports, LLC without their expressed written permission.

As a Service-Learning Program member, I understand that all information obtained in connection with Carlisle Academy's programs is confidential.

I, \_\_\_\_\_, have read and understand the above statements and I agree to support and be bound by them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PHOTO/VIDEO RELEASE

I (circle one) **DO** **DO NOT** consent to and authorize the use and reproduction by Carlisle Academy Integrative Equine Therapy & Sports of any and all photographs and any other audio/visual materials taken of (Apprentice/Intern) \_\_\_\_\_ for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Apprentice/SLP/Intern or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Release of Liability

This **Release of Liability** is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between Carlisle Academy Integrative Equine Therapy & Sports, LLC (hereinafter referred to as Provider), Nick & Sarah Armentrout (hereinafter referred to as Property Owner), Spring Creek Farm, LLC (hereinafter referred to as Host Facility), and Service-Learning Program member

\_\_\_\_\_ (hereinafter designated as Service-Learning Program member, and if Service-Learning Program member is a minor, Service-Learning Program member's Legal Guardian).

Therefore, in consideration of the use, today and on all future dates, of the property, facilities and equipment of the Provider and Property Owner, their agents, successors, or assigns, the Service-Learning Program member, his/her heirs, assigns, parents and legal representatives assume any and all risks involved in or arising from Service-Learning Program member's use of Provider's services or presence on Property Owner's property or facilities.

The Service-Learning Program member thereby waived and releases forever all claims for damages against instructors, therapists, Service-Learning Program members, aides and/or employees, as well as the Property Owner and Host Facility and its family members, officers, employees, agents (including the insurance companies that insure both entities) and AGREES NOT TO SUE them on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses Service-Learning Program member may incur or sustain while participating in any/all activities and services occurring on the premises of Carlisle Academy and Spring Creek Farm.

Service-Learning Program member agrees to abide by all of Provider's rules and regulations as they now exist or as they may be amended from time to time. In particular, the Service-Learning Program member agrees to wear properly fitted and secured ASTM/SEI certified protective equestrian headgear when riding horses as well as appropriate footwear if stirrups are used.

### STATEMENT OF INHERENT RISKS

(Title 7 M.R.S.A. Sec. 4104A)

I, \_\_\_\_\_ (Service-Learning Program member, or Legal Guardian, if a minor) acknowledge that I have read and fully understand the following statement of inherent risks, and that I am participating in equestrian therapies and/or sports despite the potential risks.

Equine activities involve a degree of risk that can result in injury or even death, including, but not limited to, the following:

- a. The propensity of an equine to behave in ways that may result in injury, harm or death to persons on, or around the equine;
- b. The unpredictability of an equine's reaction to such things as sounds, movements and unfamiliar objects, persons or other animals;
- c. Certain hazards, such as surface or subsurface conditions;
- d. Collisions with other equines or objects; and
- e. The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability.

Service-Learning Program member, or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Having read and signed the **Statement of Inherent Risks** the Student acknowledges the risks and potential for risks inherent in therapeutic riding, carriage driving, hippotherapy, vaulting, horsemanship and grooming; however believes the potential benefits are greater than the risks assumed. Dated the day, month and year first above written.

Provider: Carlisle Academy

Property Owner: \_\_\_\_\_

Student: \_\_\_\_\_ Legal Guardian: \_\_\_\_\_