

Therapeutic Riding CENTER South Jersey

Volunteer Information

Name: _____

Phone: (H) _____ (C) _____

Address: _____

e-mail address: _____

Are you 14 years old or older? ____ Yes ____ No

Date of birth? _____

Parent/Guardian/Caregiver (if under 18 yrs. Old) _____ Phone # _____

How did you hear about Therapeutic Riding CENTER South Jersey?

Employer/school: _____

Do you have any experience with horses? _____

If yes, please describe: _____

Do you have experience working with people with special needs? _____

If yes, please describe _____

Are you current CPR & First Aid trained? _____

Do you have a valid driver's license? _____

VOLUNTEER HEALTH HISTORY

Lesson responsibilities involve a combination of lifting, bending, standing, walking and jogging short distances. Are you able to perform the role of lesson volunteer with or without reasonable accommodation? _____. Please describe if accommodation is required. _____

Do you have any allergies? _____. If yes, please describe _____

Is an EpiPen required? _____

Have you had a tetanus shot? _____. NOTE: It is important to be current, within the last 8-10 yrs.

STATEMENT OF UNDERSTANDING

I am responsible for informing Therapeutic Riding CENTER South Jersey (The Center), in a timely manor, of all changed regarding information contained in this application.

The information provided is accurate to the best of my knowledge.

I know of no reason why I should not participate in The Center volunteer program. I understand that it is my responsibility to communicate to the instructor if I cannot perform my volunteer assignment.

I understand that I am not an employee of The Center and that my assistance is required on an as needed basis as determined by The Center Management, and subject to my availability.

I have read and agree to adhere to the Facility Rules.

Signature (volunteer): _____ Date; _____

Signature (parent/legal guardian if volunteer is under 18 yrs. Old) _____

Mailing address: T. Lewis/ TR CENTER SJ, 322 Route 537, Colts Neck, NJ 07722

Physical address: Gloucester Co. DREAM Park, 400 RT 130, Logan Township, NJ 08085

Therapeutic Riding Center South Jersey

Volunteer Liability Release Form

Name: _____

Parent/Legal Guardian if volunteer under the age of 18 years of age:

UNDER NEW JERSEY LAW, AN EQUINE EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT PL,C287c. 5:15-1 TO 5:151-12.

I understand that under the New Jersey Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in, and legal responsibility for, injury, loss, or damage to person or property resulting from equine activities.

This release shall give notice to the participant, parent or guardian of the risks of engaging in equine activities, including, but not limited to:

- 1. the propensity of equines to behave in dangerous ways that may result in injury to the participant,
2. the inability to predict an equine's reaction to sounds, movements, objects, persons, or animals,
3. the hazards of surface or subsurface conditions,
4. the hazards relating to the use of the premises and relating to any animals, facilities or equipment owned or leased by, and
5. equine-assisted activities conducted offsite.

PLEASE NOTE: It is the policy of Therapeutic Riding CENTER South Jersey that 9-1-1 will be called in the event of any emergency.

I hereby, intending to be legally bound, for myself, my heirs and assigns, executors and/or administrators, waive and release forever all claims for damages against Therapeutic Riding CENTER South Jersey, either of its members, board of trustees, officers, staff, instructors, therapists, aides, volunteers for any and all injuries and/or losses that I/my son/my daughter/my ward may sustain while participating in activities at Therapeutic Riding CENTER South Jersey.

This release shall remain valid until expressly revoked in writing by a participant, or, if a minor, the parent or legal guardian.

I have read and understand the provided information and agree with the terms in their entirety. In the event of an emergency please contact:

Name: _____ Relation: _____

Phone: (H) _____ (C): _____

Name: _____ Relation: _____

Phone: (H) _____ (C): _____

Signature: _____ Date: _____
Volunteer

Signature: _____ Date: _____
Parent/Legal Guardian

Therapeutic Riding Center South Jersey

Volunteer Confidentiality Statement

Name: _____

Parent/Legal Guardian (if under 18 yrs. old) _____

Individuals have a right to privacy that gives them control over the dissemination of their medical, financial, personal and other sensitive information. Therapeutic Riding CENTER South Jersey ("The Center") will preserve the right of confidentiality for all individuals at its center.

Trustees, full- and part-time staff, independent contractors, temporary employees, volunteers, participants, parents, guardians and families, or any business providing services to The Center are bound to keep confidential all medical, social, referral, personal and financial information, obtained either accidentally or on purpose whether in person or electronically, regarding any individual and his/her family at The Center without the specific written consent of that individual or his/her parents or guardian.

"Confidential Information" includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, e-mails, photos, etc., as well as the non-public business records of The Center. 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 The Center staff. Volunteers must seek staff permission before taking any pictures or videos.

I UNDERSTAND THAT ALL INFORMATION (WRITTEN AND VERBAL) AT THE CENTER IS CONFIDENTIAL AND WILL NOT BE SHARED WITH ANYONE WITHOUT THE EXPRESSED WRITTEN CONSENT OF THE CENTER.

Signature: (volunteer) _____ Date: _____

Signature: (Parent/Legal Guardian if under 18 yrs. old) _____ Date: _____

PHOTO RELEASE

I _____ DO

_____ DO NOT

Consent to and authorize the use and reproduction by The Center of any and all photographs and any other audio/visual materials taken of me for promotional material, education activities, exhibitions or for any other use for the benefit of the program.

Signature: (volunteer) _____ Date: _____

Signature: (parent/legal guardian if under 18 yrs. old) _____ Date: _____

THERAPEUTIC RIDING CENTER SOUTH JERSEY

Volunteer Background Information (Applicable to applicants 18 years of age and older only.)

Have you ever been charged with or convicted of a crime? ____ NO ____ YES

If yes, please explain: _____

I, _____ (volunteer name) authorize Therapeutic Riding CENTER South Jersey ("The Center") to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or the federal government, to the extent permitted by state and federal law, pertaining to a criminal background status check, e.g. violations of state or federal criminal laws. I understand that such access is for the purpose of considering my application as a volunteer, and will be kept confidential, and that I expressly DO NOT authorize The Center, its trustees, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____

REFERENCES—All applicants are to provide two references, one personal (family member, friend, etc.) and one professional (employer, teacher, coach, counselor, pastor, etc.)

Personal

Name: _____

Address: _____

Telephone #: _____

In what capacity do you know this person? _____

When is the best time to call? _____

Professional

Name: _____

Address: _____

Telephone #: _____

In what capacity do you know this person? _____

When is the best time to call? _____

THERAPEUTIC RIDING CENTER SOUTH JERSEY

Facility Safety Policy

1. **Safety is our highest priority. Please observe our policies and posted signs. Authorized personnel only on mounting blocks and ramps.**
2. **Confidentiality is also very important. Any information regarding students, volunteers, staff, visitors and horses is strictly confidential and not to be disseminated.**
3. **Photography / video is not permitted without prior permission from staff.**
4. **All riders must be dressed appropriately for safe riding. An ASTM-SEI approved riding helmet, properly fitted and secured, is mandatory when riding or driving. Long pants are required with shirts / jackets tucked in or zippered. Long hair must be tied back and no dangling jewelry is allowed. No clogs, sandals or flip-flops to be worn by anyone around the horses.**
5. **Either a parent or instructor must accompany students at all times.**
6. **Parents, legal guardians or caregivers must remain on the premises during lessons if the participant is under the age of 14 or if the participant is in the care of a parent, legal guardian or caregiver. No student drop-offs are permitted.**
7. **A parent or other responsible adult must accompany, and supervise, children under the age of 14 at all times.**
8. **Eating and drinking while riding or driving is not permitted. This includes chewing gum!!**
9. **Please refrain from offering food to students without permission as they may have a medical condition such as food allergies, diabetes, etc.**
10. **Any conflicts should be handled immediately between parties involved and staff. Please contact the Program Director if the concerns are not being addressed or resolved.**

11. The speed limit on "The Center" is 5 mph. Please park within the designated area only and ensure car alarms are off.
12. Smoking, alcohol or illegal substances are not permitted anywhere on the property.
13. For the safety of all, please be sure your cell phones are on "vibrate". Unexpected noises may startle the horses.
14. No pets are permitted anywhere on the premises.
15. Behave calmly around horses. No running and use soft voices.
16. Please do not feed the horses as hand feeding encourages biting. It is important for the horse's health that we monitor what they eat. Horse treats may be left with the staff and will be distributed when appropriate.
17. Remember to clean up after yourself. This helps to keep the premises safe, neat and clean.

THERAPEUTIC RIDING CENTER SOUTH JERSEY

Volunteer Attire

The following attire is required for all volunteers. This is for your safety and the safety of others.

1. Dress for mess, but don't dress a mess!! You will step in poop at some point!! While the horse is shedding, it's coat will transfer to you. Be prepared to get dirty: however, be sure your clothing is neat and tidy with loose shirts tucked in and weather appropriate. Dress in layers that can be removed or added as needed.
2. Proper-fitting, closed shoes that you can run in are required. Paddock boots, sturdy work boots or hiking boots are preferable. If a horse spooks you need to be able to keep up with it or hold it-- not fall out of or trip over loose shoes.
3. Long pants must be worn, with exceptions to this rule in the hot days of summer. When the weather warms up, modesty is important. Please avoid wearing spaghetti straps, short shorts, and low cut tops so as not to distract our students.
4. Be aware that rings and other jewelry can get caught up in lead ropes. Students might reach for hair, dangling or loose earrings and jewelry. Tie hair back and keep chunky jewelry at home.
5. Avoid wearing perfumes or strong smelling deodorant.
6. If you are exercising our horses, riding helmets are mandatory when riding. We can supply riding helmets. Should you have your own, it will need to be ASTM-SEI approved.