


HORSEABILITY
CENTER FOR EQUINE FACILITATED PROGRAMS
Volunteer Application Form

Thank you for your interest in becoming a HorseAbility Volunteer. Please read over and confirm you meet all volunteer qualifications and responsibilities.

Qualifications Checklist

- Minimum age of 13.
- Ability to follow safety rules and regulations.
- Physically able to perform tasks assigned; Including leading, side walking, tacking, barn maintenance, lifting equipment and miscellaneous tasks as assigned by staff.
- Physically able to assist instructors by leading or sidewalking with riders by walk and/or run intermittently during assigned lesson (30 minutes and/or 45 minutes).
- Able to commit to a consistent volunteer schedule for the series, 12-14 week sessions for the Fall and Spring, 6 week sessions for the Winter and Summer.
- Willingness to be outdoors in weather extremes, as dictated by HorseAbility's weather policies. HorseAbility is an outdoor facility.
- Horse knowledge and experience is helpful but not necessary, we are happy to teach you!

Responsibilities Checklist

- Must attend an Orientation and Volunteer training before a set schedule will be made.
- Willing to learn and follow the policies and guidelines of HorseAbility.
- Arrive and depart promptly when scheduled.
- Notify the Director of Volunteers in advance if you will not be able to volunteer for your shift.
- Dress in an appropriate, safe and professional manner, as dictated by HorseAbility's dress code.
- Able to accept constructive feedback, and communicate feedback, concerns or any grievances to the Director of Volunteers.

By signing and dating below I acknowledge I meet the above requirements to become a HorseAbility Volunteer.

Name _____ Date _____



Volunteer Application Form

Please Print Clearly on All Forms

NAME _____ DOB ____/____/____ AGE ____

ADDRESS _____

CITY _____ S TATE _____ ZIP CODE _____

Please provide both, indicate with X preferred number to contact:

HOME Phone # _____ CELL Phone # _____

E-MAIL ADDRESS _____

MOST RECENT EMPLOYMENT/SCHOOL: _____

CURRENT OCCUPATION: _____

My employer gives times off for volunteering

My employer has a matching donation program

PARENT/GUARDIAN NAME _____ PHONE _____

(For volunteers under 18 years of age)

PARENT/GUARDIAN NAME _____ PHONE _____

(For volunteers under 18 years of age)

Reason for Volunteering: Personal Fulfillment ____ School Requirement ____ Community Service ____ Other ____

How did you hear about HorseAbility? Friend/Relative ____ Publication ____ Local Event ____ Internet/Social Media ____

Other/Explanation: _____

Please tell us of your experience with:

Horses: _____

Individuals with Special Needs _____

Your Volunteer Interests: Check all that apply

Leading Horses

Side-walking

Horse Care (grooming, tacking, etc.)

Barn Help (Raking, sweeping, picking ring, etc)

Facility Repair (painting, fixing fences, etc.)

Office Help (answering phones, mailings, etc.)

Grant Writing/Research

Outreach/Volunteer Recruitment

Photography/Video

Budget and Finance

Fundraising

Event Coordination



Volunteer Medical History & Release/Authorization Information

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 the agency, I authorize HORSEABILITY 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.

In case of Emergency contact _____ Phone _____

Physician's Name _____ City _____ Phone _____

Preferred Medical Facility _____

Health Insurance Provider: _____ Policy# _____

Allergies: _____

Current Medications: _____

Recommended Medical Tests: Last Tetanus Shot Date: _____ Tuberculosis Test + / - Date: _____

Please indicate any disability, limitation or medications or medical conditions that may affect your volunteer role, which we should be aware of.

CONSENT PLAN –

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. The provision will only be invoked if the person(s) above is unable to be reached.

Date: _____ Consent Signature: _____

If volunteer is under 18 years of age, parent must consent

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.

- Parent or legal guardian will remain on site at all times during equine assisted activities
- In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Consent Signature: _____

If volunteer is under 18 years of age, parent must consent

REFERENCE & BACKGROUND CHECK

Reference Name (non relative) _____ Phone _____

Current Driver's License Y N License Number _____ State _____

Have you ever been convicted of a criminal offense or have a conviction pending including any misdemeanors?
___ Yes ___ No If yes, when? _____

Please explain nature of offense _____

I understand that HorseAbility may perform background checks on all new adult volunteers. The information on my volunteer application will be verified, and I give permission to make inquiry of others concerning my suitability to serve as a volunteer at HorseAbility.

DATE _____ SIGNATURE _____

If volunteer is under 18 years of age, both parent & volunteer signatures are required.

CONFIDENTIALITY POLICY

At HorseAbility, we place great importance on protecting the confidential information of our clients, our staff and our volunteers." Confidential Information" includes, but is not limited to, personally identifiable information, such as surnames, telephone numbers, addresses, e-mail addresses, etc., as well as the non-public business records of HorseAbility. 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 HorseAbility staff. Volunteers must seek staff permission before taking any pictures or videos.

I have read and understand the HorseAbility Confidentiality Policy and agree to abide by same.

DATE _____ SIGNATURE _____

If volunteer is under 18 years of age, both parent & volunteer signatures are required.

PHOTO RELEASE POLICY

I DO DO NOT

Consent to and authorize the use and reproduction by **HORSEABILITY** of any and all photographs and any other audio/visual materials taken of me for promotional materials, educational activities, exhibitions, of for any other use for the benefit of the program.

I have read and understand the HorseAbility Confidentiality Policy and agree to abide by same.

DATE _____ SIGNATURE _____

If volunteer is under 18 years of age, both parent & volunteer signatures are required.



CAMP AND RIDING INSTRUCTION AGREEMENT AND LIABILITY RELEASE

CAMP HORSEABILITY, INC, 223 Store Hill Road /Steele Hill Road, Westbury NY, hereinafter known as “HORSEABILITY” at the SUNY College at Old Westbury as well as all satellite locations including “Camp Loyaltown” on Glen Ave in Hunter, NY

CAMP HORSEABILITY, INC, 238 Round Swamp Road, Melville, NY, hereinafter known as “CAMP HORSEABILITY” at the Thomas School of Horsemanship

PLEASE READ CAREFULLY BEFORE SIGNING

**SERIOUS INJURY MAY RESULT FROM YOUR or YOUR CHILD’S PARTICIPATION IN THIS ACTIVITY.
HORSEABILITY CANNOT GUARANTEE YOUR SAFETY.**

A. **REGISTRATION OF RIDERS AND AGREEMENT PURPOSE:** In consideration of the payment of a fee and the signing of this agreement, We, the parents of the minors listed on the registration form do hereby voluntarily request and agree to our child(ren)’s participation in riding, at HORSEABILITY, and that this STUDENT will either ride his/her own horse, or school horses provided by HORSEABILITY for instructional purpose, today and on all future dates.

B. **AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS:** This agreement shall be legally binding upon the registered STUDENT, and/or the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of New York State and Suffolk County. Any disputes with the rider shall be litigated in, and venue shall be in, Suffolk County. If any clause, phrase, or word is in conflict with state law, then that single part is null and void. The term “HORSE” herein shall refer to all equine species. The term “HORSEBACK RIDING” herein shall refer to riding or otherwise handling of horse, ponies, mules, or donkeys, whether from the ground or mounted. The terms “CAMPER” and/or “RIDER” shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The term “I/WE” shall herein refer to the riding school student or parents of the registered student on the opposite side.

C. **ACTIVITY RISK CLASSIFICATION:** I/WE UNDERSTAND THAT: Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions.

D. **NATURE OF HORSEABILITY’S HORSES:** I/WE UNDERSTAND THAT: HORSEABILITY chooses its horses for their calm dispositions and sound basic training as is required for use for STUDENT RIDERS and HORSEABILITY follows a rigid safety program. Yet, no riding horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be a distance of from 3 1/2 to 5 1/2 feet, and the impact may result in injury to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal (human) tries to impose its will on, and become one unit of movement with, another larger, stronger prey animal with a mind of its own (horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short; Changing directions or speed at will; Shifting its weight; Bucking, Rearing, Kicking, Biting, or Running from danger.

E. **CONDITIONS OF NATURE AND INSPECTION OF PREMISES:** I/WE UNDERSTAND THAT: HORSEABILITY is **NOT** responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. **SOME EXAMPLES ARE:** thunder, lightning, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on out-of-doors groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape. WE have inspected HORSEABILITY’S facilities and are satisfied that all premise conditions are reasonably safe for rider’s intended purpose, usage, and presence upon HORSEABILITY’S PREMISES.

F. SADDLE GIRTHS/NATURAL LOOSENING I / WE UNDERSTAND THAT: Saddle girths (saddle fasteners around horse's belly) may loosen during a ride. If a rider notices this he/she must alert the riding instructor as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal.

G. ACCIDENT/MEDICAL INSURANCE WE AGREE THAT: Should emergency medical treatment be required, WE and/or my own accident/medical insurance company shall pay for all such incurred expenses.

My accident/medical insurance company is _____

My policy number is _____

H. PROPER ATTIRE FOR SAFETY: ASTM APPROVED PROTECTIVE HEADGEAR IS REQUIRED: I/WE AGREE: to purchase protective or borrow from HorseAbility, headgear which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet. It will be worn while riding and being near horses and WE do understand that the wearing of such headgear at these times may reduce the severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences. All riders must wear proper footwear, boot with smooth sole and 1/4" heel. If sneakers must be worn due to inability to wear boots, when riding with stirrups, tack will be adjusted to accommodate exception to attire.

I. LIABILITY RELEASE: I/WE AGREE THAT: In consideration of THIS PROGRAM/SCHOOL allowing myself or our child's participation in these riding activities, under the terms set forth herein, I or WE, the parents, for ourselves and on behalf of our child(ren) and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge HORSEABILITY, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and Insurers, and others acting on its behalf(hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to HORSEABILITY'S and/or ITS ASSOCIATES ordinary negligence; and I or WE, the parents, do further agree that except in the event of HORSEABILITY'S gross negligence and willful and wanton misconduct, WE shall not bring any claims, demands, legal actions and causes of action, against HORSEABILITY and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of HORSEABILITY, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of HORSEABILITY, or participating in any of the school activities, whether on or off the premises of HORSEABILITY.

RIDERS OVER 21 OR Parents or Legal Guardians must sign below after reading this entire document:

SIGNER STATEMENT OF AWARENESS

I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. WE FURTHER ATTEST THAT ALL FACTS RELATING THE CAMPER'S PHYSICAL CONDITION, EXPERIENCE, & AGE ARE TRUE AND ACCURATE.

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ EMERGENCY CONTACT _____ PHONE _____

XSIGNATURE OF PARENT (OR RIDER IF OVER 21) _____ DATE _____