

Handicapped High Riders Club
t/a: Riding High Farm
145 Route 526, Allentown New Jersey, 08501

VOLUNTEER REGISTRATION

Name: _____ Date of birth: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: (home) _____ (cell) _____

Name of parents (if under 18):

Preferred method to communicate with you by? ___ phone message or ___ text

Physical Fitness Do you have any existing medical, physical, cognitive or emotional conditions/medication/allergies we should be aware of in case of an emergency or that might limit your ability to volunteer? If yes, please explain:

Volunteers need to be able to work independently with minimal supervision

Volunteer Hours You are available

Please circle

Sunday	8:30-11:30am	11:30-2:30pm	3:30-6:30pm
Monday	8:30-1:00pm	3:30-6:00pm	6:00-8:30pm
Tuesday	8:30-1:00pm	3:30-6:00pm	6:00-8:30pm
Wednesday	<i>Barn work only 9-2pm</i>	3:30-6:00pm	6:00-8:30pm
Thursday	<i>Barn work only 9-2pm</i>	3:30-6:00pm	6:00-8:30pm
Friday	8:30-1:00pm	3:30-6:00pm	6:00-8:30pm
Saturday	8:30-11:30am	11:30-2:30pm	Closed

Description of duties:

Horse leader: leading the horse during the lesson for our special needs riders training available

Grooming and Tacking: brushing the horse and putting the equipment on the horse for the lessons

Side walker: walk beside the horse and assist the riders for safety and help assist the instructors

Each lesson is about 30 min long, so volunteers need to be physically fit to walk and assist for that session

Barn Work: Cleaning paddocks, picking stalls, putting out hay, filling hay nets cutting grass and general yard work we can always use help around the barn 8-4p DAILY

Handicapped High Riders Club
t/a: Riding High Farm
145 Route 526, Allentown New Jersey, 08501

Photo Release I hereby irrevocably consent [] / Non-consent [] to allow Riding High Farm to use the photograph(s) and/or video(s) of me for any purpose, and in any manner, including without limitation to print media, television, exhibition, social media, publication and any trade or advertising purpose.

Signature _____ **Date** _____

Signature of Parent/Legal Guardian if under 18

Confidentiality Policy As a volunteer who works with our Riding High Farm clients, you will be given enough background information, so you may be informed as to the rider's needs. The circumstances of a rider's life, condition, disability, actions or behavior are considered confidential. Under NO circumstances are you to divulge this information to anyone other than Riding High Farm personnel.

I have read and understand this Policy of Confidentiality and agree to abide by same

Signature _____ **Date** _____

Signature of Parent/Legal Guardian if under 18

Liability Release It is understood that, being aware of the risks and exposures to personal injury involved through equestrian activities, I hereby release Riding High Farm and its employees assisting in any official capacity on their behalf, from all and every claim for damages which may occur to me or property in any connection with any lesson, clinic, practice, schooling or any work with horses on the stable grounds or away from the grounds of Riding High Farm
Allentown NJ

WARNING: UNDER NEW JERSEY LAW, AN 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 TO P.L. 1997,C.287,C:5:15-1 ET ESQ.

Signature _____ **Date** _____

Signature of Parent/Legal Guardian if under 18

Handicapped High Riders Club*t/a: Riding High Farm * 145 Rt 526, Allentown ,NJ 08501

Authorization for Emergency Medical Treatment Form

Check all that apply: Participant__ Staff__ Volunteer__

PLEASE PRINT:

Name: _____ DOB: _____

Parent/Legal Guardian (if under 18): _____

Address: _____ City: _____ State _____ Zip _____

Telephone: (Home): _____ (Cell): _____

(Caregiver: _____ Cell Phone: _____

Emergency Contacts:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Primary Physician:

Name: _____ Phone: _____

Address: _____ City: _____ State _____ Zip _____

Health Insurance Company: _____ Policy Number: _____

Allergies to Medications: _____

Current Medications: _____

Consent Signature (Client, Parent or Legal Guardian)

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while participating in activities administered by Handicapped High Riders Club LLC/ Riding High Farm Inc.; I authorize Riding High Farm 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. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____

Consent Signature: _____

please indicate Client, Parent or Legal Guardian

Non- Consent Signature (Client, Parent or Legal Guardian)

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 participating in activities administered by Riding High Farm

A parent/legal guardian will always remain on the site during these activities.

Date: _____

Non-Consent Signature: _____

Please indicate: Client, Parent or Legal Guardian

Code of Conduct

Riding High Farm is a community-based organization dedicated to providing equine assisted therapy . Participation in the organization's program is subject to the observance of the organization's rules and procedures. The activities outlined below are strictly prohibited Any participant, family member, visitor, staff or volunteer who violate this Code of Conduct is subjected to removal from the program.

- Abusive language toward anyone
- Possession or use of Alcoholic beverages or illegal drugs on the property
- Reporting to the program under the influence of drugs or alcohol.
- Verbal, Physical or visual harassment of anyone
- Failing to cooperate with an adult supervisor

I have read and understand the Riding High Farm Code of Conduct. I agree to abide by the rules described and understand that I may be removed from the property and not permitted to return if I violate any of these rules.

Signature _____ Date _____

Signature of Parent/Legal Guardian if under 18
