



WELCOME to GallopNYC!

Welcome to our corps of GallopNYC volunteers -- dedicated, enthusiastic, caring, responsible and knowledgeable people who work with our riders with a disability. We look forward to helping you gain the skills to be a valuable member of our volunteer team.

Once you have printed and completed the forms in this packet you have completed the first step towards becoming a GallopNYC volunteer. The next step is to sign up for an orientation program (contact ellen@GallopNYC.org to learn when our next orientation program will be held or check the calendar found on our website: www.GallopNYC.org). Bring your completed forms to the orientation program, where you will learn about our program and begin the training process if we determine GallopNYC can use your help.

This packet contains:

Forms that must be completed and returned to GallopNYC prior to being accepted as a volunteer:

1. Volunteer Registration Form
2. Authorization For Emergency Medical Treatment
3. GallopNYC Release Form

Other important information: Confidentiality Policy and Volunteer Dismissal Policy

Important Phone Numbers:

Ellen Dry, Volunteer Coordinator
917-727-1241 ellen@gallopnyc.org

Peter Byrne, Program Director
646-413-0469 peter@gallopnyc.org

Alicia Kershaw, Executive Director
917-602-1733 Alicia@gallopnyc.org

<input type="checkbox"/> Med Authorization	<input type="checkbox"/> KS Release
<input type="checkbox"/> GallopNYC Release	<input type="checkbox"/> LRS Release
<input type="checkbox"/> Photo Release	<input type="checkbox"/> JB Release

GallopNYC Volunteer Registration Form

(Print clearly and bring with you to your orientation. This form, the Medical Authorization, the GallopNYC Release, and the relevant stable Release must be completed prior to being accepted as a volunteer.)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date (month/day/year) ____ / ____ / ____ Are you 18 or over?: Y / N

Contact Information (Please circle your preferred method of contact below.)

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ E-mail Address: _____

Do you read texts on your cell phone? Y / N Tweet? Y / N Use Facebook Y / N

How did you hear about volunteer activities at GallopNYC? _____

Why do you want to volunteer at GallopNYC?

GallopNYC operates in three locations. Where would you like to volunteer? Circle all that apply.

Kensington Stables in Brooklyn Y / N

Lynne's Riding School in Queens Y / N

Jamaica Bay Riding Academy in Brooklyn Y / N

Please indicate your availability (Mark all that apply. Depending on the day, our volunteer sessions begin at 9:30 am and finish at 7:30 pm. We would like each volunteer to commit to at least two hours a week for approximately 12 weeks.):

DAY	Morning	Early Afternoon	Late Afternoon	Evening
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Are you willing to be on our emergency call list if we are shorthanded? Y / N

Medical conditions that might affect your performance as a volunteer:
 Heart _____ Lungs _____ High blood pressure _____ Seizures _____ Other _____
 Comments/explanations _____

Which volunteer activities are of particular interest to you?
 (Check all that apply. No experience with horses or with people with special needs necessary.)

- Volunteer Coordination/Outreach Special Events and Activities
 Work with Horses Fundraising Work with Riders
 Administrative Support Assistance in Stable

Special Skills I have:
 Health Professional _____ (fill in type) Special Ed background
 Sign Language Multi-lingual (list languages): _____
 Experience with horses Mental Health Professional

Please list two people who have known you for several years. Please do not use family as a reference:

Name: _____ Phone: _____
 Name: _____ Phone: _____

Employer/School Contact Information (if you have come to us as part of a school or company program):

Does your Employer support employee volunteer activities? Y / N

Does your Employer offer matching gifts? Y / N

Will you request confirmation of your volunteer hours in writing? Y / N

Have you ever been convicted of a felony and/or misdemeanor in this State or any other jurisdiction? Y / N

Nature of Conviction	State of Conviction	Date of Arrest	Date of Conviction	Sentence/Disposition

Registrants for volunteer work are required to disclose all felony/misdemeanor convictions in this State or any other jurisdiction. Prior convictions will not necessarily bar him/her from volunteering. Prior convictions are reviewed on a case-by-case basis. All information regarding conviction records will be kept confidential and will not be disclosed outside of GallopNYC.

I affirm that the information I have provided on this Volunteer Registration Form is true and correct to the best of my knowledge. I agree to conform to GallopNYC rules and regulations to the best of my ability. I agree to respect the confidential nature of student information that I may have access to through my volunteer work in accordance with the privacy policy stated in the volunteer manual. At the time I choose to discontinue my active volunteer status, I agree to notify the Volunteer Coordinator and to complete an exit interview if requested.

GallopNYC communicates with volunteers by e-mail. By signing this form you are consenting to receive emails from GallopNYC. If in the future, you wish to permanently cease a relationship with us and to opt out of further emails, please inform our volunteer coordinator.

Signature: _____ **Date:** _____



Authorization for Emergency Medical Treatment

Please Check One: Participant Staff Volunteer

Name: _____ DOB: _____

Phone: _____

Address: _____

Physician's Name and Phone Number: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Phone _____

Policy and ID # _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services from GallopNYC, or while being on the property of a facility used by GallopNYC, I authorize GallopNYC 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 "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian

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 from GallopNYC or while being on the property of a facility used by GallopNYC.

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: _____ Non-Consent Signature: _____

Client, Parent or Legal Guardian



TREATMENT OF CONFIDENTIAL INFORMATION

As a volunteer who works with the riders, you will be given enough background information so you may be sensitive to the riders' needs. Occasionally, more detailed information might be given to you or you may become aware of it indirectly or even inadvertently.

All of 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 **GallopNYC** Personnel, and then only as necessary to aid the rider.

If you have questions, please feel free to ask your **GallopNYC** Instructor, the Paddock Master, Volunteer Coordinator, Program Manager or Executive Director.

VOLUNTEER DISMISSAL POLICY

Without the skill, energy and commitment of our volunteers we could not run our programs. However there are occasions when the needs and skills of a volunteer cannot be matched with our work.

In order to maintain safety and excellence in our programs, we reserve the right to dismiss a volunteer if we determine that the volunteer cannot safely and effectively perform the duties assigned to them. This decision will be made by the Instructor, the Volunteer Coordinator and the Paddock Master, as a committee. The decision is in the full discretion of committee. If any one of these three people determines that a safety issue is presented, that person may ask the volunteer to immediately stop work.

In the case of concerns about a volunteer, we will attempt to retrain or reassign the volunteer, but may dismiss the volunteer without retraining if the committee determines appropriate.

Failing to disclose a health or fitness issue on the volunteer forms will be grounds for immediate dismissal, as will presenting for duty intoxicated or chemically impaired.



August 2011

RELEASE AND WAIVER OF LIABILITY

I, _____, desire that myself (check if for self) or my child/ward (_____) (the "Participant ") engage in horseback riding and/or to volunteer to assist riders who are horseback riding, which includes all activities of any nature whatsoever in conjunction with the use and enjoyment of horses, whether or not mounted, and any equipment utilized or demonstrated, all of which is defined as this "Activity."

The "Participant" resides at [Street] _____
[City] _____, [State] _____ [Zip Code] _____.

In consideration for engaging in this Activity, as offered by Giving Alternative Learners Uplifting Opportunities, Inc. a Delaware Corporation authorized to operate in New York ("GallopNYC"), I, as the Participant and in the case that the Participant is a minor or incompetent adult, as the Participant's parent (the "Parent") or legal guardian (the "Guardian") hereby, on behalf of the Participant and the Undersigned, and their respective wards, personal representatives, executors, administrators, heirs, next-of-kin, spouses and assigns, acknowledge and agree as follows:

1. Acknowledge that a horse or pony (generically referred to as "horse") may, without warning or any apparent cause, buck, stumble, fall, rear, bite, kick, run, make unpredictable movements, spook, jump obstacles, step on a person's feet, and push or shove a person, and that saddles or bridles may loosen, slip or break, all of which may cause the rider to fall or be jolted resulting in serious injury or death to the Participant or any person within close proximity of a horse;
2. Acknowledge that this Activity is a dangerous activity and involves numerous obvious and non-obvious inherent risks that may cause serious injury, and in some cases, death because of the unpredictable nature and irrational behavior of horses regardless of their training and past performance;
3. Acknowledge that this Activity is instructional and not recreational and that GallopNYC's facility for this Activity is not a place of amusement or recreation, but of instruction and does not fall within the scope of the New York General Obligations Law, § 5-326;
4. Certify that the Participant is fully capable of participating in this Activity and acknowledge that the undersigned Participant. Parent and/or Guardian voluntarily assumes the risk and danger of loss, injury, accident, illness, paralysis, loss of personal property, or death and expenses thereof as a result of this Activity or the use of the horses, equipment, and gear provided to the Participant for this Activity;
5. Acknowledge and agree that the Participant who is engaged in a GallopNYC activity will wear a safety helmet that meets or exceeds the ASTM F1163 equestrian standard; additionally, if the helmet is provided by the Participant, the helmet will meet the above standard;

6. Expressly WAIVE any claim, lawsuit, complaint, charge, or cause of action against GallopNYC, its agents, therapists, board of directors, aides, employees, officers, volunteers, and affiliated organizations by the Participant, Parent and/or Guardian, as applicable, for any loss, legal liability, damages or costs whatsoever arising out of or related to any loss, injury, accident, illness, paralysis, loss of personal property, or death to the Participant, and to other persons as a result of the Participant's participation, including medical expenses, in this Activity;

7. RELEASE GALLOPNYC from any claim that GallopNYC was negligent in connection with the Participant's participation in this Activity, including but not limited to, training or selecting horses, maintenance, care, fit or adjustment of saddles or bridles, instruction on riding skills or leading and supervising riders or the use of any equipment provided by GallopNYC or being on the premises on which GALLOPNYC operates, which result in loss, damage, injury or death;

8. INDEMNIFY AND SAVE AND HOLD HARMLESS GallopNYC from and against any loss liability, damage or cost GallopNYC may incur arising out of or in any way connected with the Participant's handling or riding a horse and/or use of saddles, bridles, equipment, and gear provided therewith from or contributed to by the Participant's or Undersigned's own negligence; and

9. Expressly AGREE that this Release and Waiver of Liability is governed by the State of New York and is intended to be as broad and inclusive as is permitted by New York law, and that in the event any portion of this Release and Waiver of Liability is determined to be invalid, illegal, or unenforceable, the validity, legality, and enforceability of the remainder of this Release and Waiver of Liability shall continue in full legal force and effect.

I, the Undersigned, have read this Release and Waiver Agreement and understand that by signing this document, I am waiving valuable rights and/or claims that I may have against GallopNYC.

The Undersigned:

I am 18 years of age or older and am competent to contract in my own name. I have read this Release and Waiver of Liability before signing below and I fully understand its contents, meaning, and impact.

Signature: _____ Date: _____
Participant

Name of Signatory (please print): _____

If Participant is age seventeen or younger or an incompetent adult, there must be consent by a parent or guardian as follows:

I hereby certify that I am the Parent or Guardian of the Participant named above and am signing below as an individual and in my capacity as the Parent or Guardian of the Participant and hereby give my consent without reservation to the foregoing on behalf of the Participant.

Signature: _____ Date: _____
Parent or Legal Guardian

Name of Signatory (please print): _____



PHOTO RELEASE

Photo Release (Optional): I hereby consent to and authorize GallopNYC, without payment or any other consideration, to use my or my child's likeness in a photograph and any other audiovisual mediums distributed in any media, including, but not limited to broadcast, print, cable, satellite or Internet or otherwise, for promotional printed material, educational activities, exhibitions or for any other use for the benefit of GallopNYC and its program, including sale to the public.

I understand and agree that these materials will become the property of GallopNYC and will not be returned. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

I am 18 years of age or older and am competent to contract in my own name. I have read this Photo Release before signing below and I fully understand its contents, meaning, and impact.

Signature: _____ Date: _____
Participant

Name of Signatory (please print): _____

If Participant is age seventeen or younger or an incompetent adult, there must be consent by a parent or guardian as follows:

I hereby certify that I am the parent or legal guardian of the Participant named above and do hereby give my consent without reservation to the foregoing on behalf of the Participant.

Signature: _____ Date: _____
Parent or Legal Guardian

Name of Signatory (please print): _____