



Volunteer Information Sheet

Name: _____ Date: _____

Address: _____ City, State, Zip: _____

Email: _____ Birthdate: _____

Primary phone number: _____ Home Cell Work

Additional phone number: _____ Home Cell Work

In case of emergency, notify: _____ Phone: _____

Do you have physical limitations? _____ If yes, please explain: _____

Can you walk for 60 minutes? _____ Can you jog short distances? _____

Do you have experience with horses? _____ If yes, please explain: _____

Occupation: _____ Employer: _____

Please describe any additional skills/strengths (i.e. landscaping, art, computer, teaching, carpentry):

How did you first hear about Pal-O-Mine Equestrian? _____

Please list three (3) professional references (i.e. work, school, clergy, other volunteer supervisors).

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____



Staff and Volunteer Release of Liability

THIS RELEASE OF LIABILITY (Agreement) is entered into and effective as of _____ by and between Pal-O-Mine Equestrian, Inc. (POM) and the undersigned.

I, _____, wish to participate in activities at POM. I understand there are inherent risks in participating in activities on this property, including but not limited to the following:

- (i) the propensity of horses to behave in ways that may result in death or injury to persons on or around them, such as kicking, biting, or bucking;
- (ii) the unpredictability of a horse's reaction to things like sound, sudden movement, unfamiliar objects, persons, or other animals;
- (iii) natural hazards such as surface or subsurface conditions; or
- (iv) collisions with other horses, people or objects.

I acknowledge the related risks of participation in equine activities and riding a horse and hereby agree that my participation constitutes a full assumption of the risks surrounding equine activities, including riding.

In consideration of POM allowing my participation in these activities, I, on behalf of myself, and my heirs, administrators, personal representatives, assigns, and successors, if any, do hereby agree to hold harmless, release and discharge POM, which includes its officers, directors, members, agents, representatives, affiliates and insurers, of and from all claims, demands, causes of action and legal liability whether known or unknown, anticipated or unanticipated, due to the ordinary negligence of POM.

I agree and understand that neither I nor others acting on my behalf shall bring any claims, demands, legal actions or causes of action against POM for any damage or loss due to bodily injury, death or property damage arising out of my participation in these activities.

This Agreement shall be construed as to provide to POM the fullest protection of a release from liability, waiver of any right to sue by the undersigned or their representatives, and assumption of all risks that are afforded by statute or the common law.

The undersigned consents to any emergency medical care that may at the time appear reasonably appropriate under the circumstances as a result of injury or sickness caused by or incurred in connection with an equine activity.



This Agreement shall remain valid and in full force effect from and after the date noted at the signature of the undersigned until expressly revoked by a written notice personally delivered to POM. The parties agree, upon termination in such form, all covenants by the undersigned of liability release, promise not to sue, hold harmless and assumption of the risk survive any termination of this Agreement.

To the extent possible, this Agreement shall be construed in such manner as will render it, and each provision of it, fully enforceable; but if any provision of this Agreement shall be unenforceable, such provision (or so-much thereof as is unenforceable) shall be deleted and the remainder of the Agreement shall continue in full force and effect.

The undersigned has fully read and fully understands the foregoing liability release, waiver of right to sue and assumption of all risk; has had the opportunity to consult and rely upon his or her own advisors; and has not relied upon POM for any advice or explanation therewith.

Name: _____

Signature: _____

Date: _____



Volunteer Code of Conduct

By signing this agreement, I _____ agree to the following:
(Name)

1. I understand my role as a volunteer is to serve the mission of Pal-O-Mine.
2. I understand I may not smoke, vape, use or be impaired by alcohol or any mind-altering substances anywhere on the property. In addition, I may not possess on me any mind-altering substances while on the property.
3. I understand I will abide by the following dress code:
 - A. Please wear appropriate footwear at all times. Closed toed shoes such as hiking boots or work boots are strongly suggested. For safety reasons, no steel toe boots are allowed. If you do not have any appropriate boots, you may wear sneakers. **UGGs, heels, or open toed shoes are inappropriate.**
 - B. For Women: No spaghetti straps, no low-cut ribbed tank tops, camisoles, exposed bra straps or bare midriffs permitted. Sleeveless t-shirts are acceptable. All shorts must be 2" above the knee or longer. There are no leggings, tight gym pants or yoga pants permitted. There are no ripped jeans allowed. Excessive jewelry is not permitted. No facial piercings and a maximum of two holes in lower lobe per ear.
 - C. For Men: Shirts are to be worn at all times. Sleeveless t-shirts are acceptable, no tight ribbed tank t-shirts permitted. Shorts must be 2" above the knee or longer. There are no ripped jeans allowed. No facial piercings and a maximum of 2 holes in lower lobe per ear.
 - D. Those of you who are not appropriately dressed will be asked to change or leave the premises.
 - E. No inappropriate tattoos - at the discretion of Founder/CEO.
 - F. Name tags are to be worn at all times when on the Pal-O-Mine property.



4. I agree to work my entire volunteer shift as scheduled, follow all safety procedures, conduct myself in an appropriate manner and dress according to the dress code set forth above.
5. I certify that I am sixteen years old or older and that, if I am under the age of 18, I have the signed consent of a parent or legal guardian to serve as a volunteer.
6. I agree to review and be familiar with all materials given to me by Pal-O-Mine Equestrian.
7. I will place all litter in the garbage can or, if appropriate, in the recycle bin.
8. I will drive my car at a speed of 5 MPH or less while on the premises.
9. I will not drive the golf cart unless I have been authorized to do so.
10. I understand the barn office is for conducting business. If I have a question, I will utilize the window to ask the barn manager or ask the volunteer coordinator. As a reminder, no one other than the barn manager and office manager should be in the barn office, unless given permission.
11. I will not use vulgar/obscene language or expletives.
12. I understand as a volunteer I am here at the invitation, and at the sole discretion, of Pal-O-Mine Equestrian. I further understand Pal-O-Mine can, for any reason it deems appropriate, and at its sole discretion, terminate my services as a volunteer at any time.
13. I also understand that as a volunteer, I am making a commitment to Pal-O-Mine, its students/clients, staff, and horses. In the event that my volunteer time becomes inconsistent and/or the number of cancellations becomes a pattern, I further understand that my service as a volunteer can be terminated.
14. I understand that I may be required to be retrained if I am absent from Pal-O-Mine Equestrian for an extended period of time. It is up to the Founder/CEO's discretion. I further understand that if an illness or injury prevents me from working at Pal-O-Mine for an extended period of time, a doctor's note advising of medical clearance will be required to return.



15. There is NO hand feeding of horses, mini horses, sheep or donkeys. Anyone found hand feeding any of these animals will automatically be suspended.
16. Cell phones/texting are NOT permitted while in the barn or when working with our students. You may use your cell phone in the volunteer lounge when on break.

*New York State HIPAA Laws uphold patient/client/student confidentiality. Therefore, any disclosure or discussion of student/client medical information is strictly forbidden. This applies to your time spent both on and off the property. **This includes posting information, photographs, or videos of Pal-O-Mine Equestrian events on any social networking sites including but not limited to: Facebook, Twitter, Instagram, YouTube, etc.***

Printed Name: _____

Signature: _____

Date: _____