



Volunteer Application

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: _____



Volunteer Code of Conduct

I, _____, desire to volunteer with Pal-O-Mine Equestrian ("Pal O-Mine") and engage in activities related to being its volunteer. In so doing, I agree that I am committed to the organization's mission and will abide by all Pal-O-Mine policies. I also understand that as a volunteer I will receive no compensation or remuneration for my services and will not be eligible for any employee benefits. I acknowledge that I am not an employee.

1. I agree to work my entire volunteer shift as scheduled, follow all safety procedures, conduct myself in an appropriate manner, and review and be familiar with all materials given to me by Pal O-Mine.
2. I acknowledge and understand that I may not smoke, vape, use or be impaired by alcohol, drugs, marijuana or any other controlled substances anywhere on Pal-O-Mine property. In addition, I may not possess any alcohol, drugs, marijuana or any other controlled substances while on the property.
3. I further understand and agree to abide by Pal-O-Mine's dress code. I shall maintain a clean and neat appearance and dress, which includes:
 - Closed toed shoes, such as hiking boots, work boots or sneakers. For safety reasons, steel toed boots are prohibited. UGGs, heels, or opened toed shoes may not be worn.
 - Long-sleeves, t-shirts or sleeveless t-shirts. Volunteers shall not wear spaghetti straps, low-cut ribbed tank tops, camisoles, strapless tops, halter tops, or tops that expose one's midriff or bra strap. Volunteers also cannot wear graphic shirts with inappropriate, offensive or obscene letterings, advertising or messages.
 - Pants or shorts. Shorts must be 2 inches above the knee or longer. Volunteers are not permitted to wear leggings, tight gym pants, yoga pants or ripped jeans.
 - No facial piercings and a maximum of two holes in the lower lobe of each ear.
 - Name tags, which must be worn at all times when on Pal-O-Mine property.

I understand that any volunteer who is not dressed in proper attire consistent with this policy may be asked to change or to leave the premises.



4. I further understand and agree that:
- I will place all litter in the garbage can or, if appropriate, in the recycling bin.
 - I will drive my car at a speed of 5 MPH or less while on the premises.
 - I will not drive the golf cart unless I have been authorized to do so.
 - I will not enter the barn office without express permission. I understand that the barn office is reserved for the barn manager and office manager. I further understand that if I have a question or require assistance from the barn manager or office manager, I must utilize the window at the barn office.
 - I will not use vulgar or obscene language or expletives.
 - I will not use my cell phone or send text messages while in the barn or when working with Pal-O-Mine students. I understand that cell phones may only be used in the volunteer lounge while volunteers are on break.
5. I understand that training is required to volunteer with Pal-O-Mine. I further understand that I may be required to be retrained if I am absent from Pal-O-Mine for an extended period of time.
6. I understand and acknowledge that there is NO hand feeding of horses, mini horses, sheep or donkeys. If I am found hand feeding any of these animals, I understand that I will be automatically suspended.
7. 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.

*I understand that New York State HIPAA Laws uphold patient/client/student confidentiality. I understand that any disclosure or discussion of student/client medical information is strictly forbidden, whether while volunteering or thereafter. **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: _____



PAL-O-MINE EQUESTRIAN, INC. RELEASE FORM

Instruction Agreement and Liability Release

PLEASE READ CAREFULLY BEFORE SIGNING

Serious injury may result from your/your child's participation in this activity.

PAL-O-MINE EQUESTRIAN, INC. cannot guarantee your safety.

A. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE: By signing this agreement, I voluntarily agree to participate in equine-assisted activities at Pal-O-Mine Equestrian. I will either ride/handle/work with my own horse or school horses provided by PAL-O-MINE EQUESTRIAN, INC. for instructional purpose today and on all future dates.

B. AGREEMENT SCOPE, TERRITORY AND DEFINITIONS: This agreement shall be legally binding upon myself as the registered STUDENT, and/or my parents or legal guardians if I am a minor, my heirs, estate, or assigns, including all minor children and personal representatives. This agreement shall be interpreted according to the laws of New York State and Suffolk County. Any disputes with the STUDENT shall be litigated in, and venue shall be in Suffolk County. If any clause, phrase or word is determined to be void, illegal or unenforceable, in whole or in part, it is the intent of the parties that the other provisions contained herein shall remain in full force and effect as if the provision that was determined to be void, illegal or unenforceable had not been contained herein. The term "HORSE" herein after shall refer to all equine species. The term "HORSEBACK RIDING" herein shall refer to riding or otherwise handling of horses, ponies, mules, or donkeys, whether from the ground or mounted. The term "RIDER" shall herein after refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The term "I" shall herein refer to the riding school student and/or the parents of the registered student if the student is less than 18 years of age.

C. ACTIVITY RISK CLASSIFICATION: I UNDERSTAND THAT horseback riding is classified as a 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 PAL-O-MINE EQUESTRIAN'S HORSES: I UNDERSTAND THAT PAL-O-MINE EQUESTRIAN chooses its horses for their calm dispositions and sound basic training as is required for use for STUDENT RIDERS, and PAL-O-MINE EQUESTRIAN follows a rigid safety program. Yet, I understand that no 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 a horse to the ground it will generally be from a distance of 3 to 5 feet, and the impact may result in an injury to the rider. 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 UNDERSTAND THAT PAL-O-MINE EQUESTRIAN 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 changes in landscape. I have inspected PAL-O-MINE EQUESTRIAN'S facilities and am satisfied that all premise conditions are reasonably safe for a rider's intended purpose, usage, and presence upon PAL-O-MINE EQUESTRIAN'S premises.

F. SADDLE GIRTHS/NATURAL LOOSENING: I UNDERSTAND THAT saddle girths (saddle fasteners around a 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 horse.

G. ACCIDENT/MEDICAL INSURANCE: I AGREE THAT should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for all such incurred expenses. I further understand that PAL-O-MINE EQUESTRIAN does not assume any responsibility for or obligation to provide financial assistance or any other assistance, including but not limited to medical, health, or disability insurance of any nature in the event of my injury, illness, death, or damage to or loss of my property.

H. ASTM APPROVED PROTECTIVE HEADGEAR IS REQUIRED: I AGREE to purchase or borrow from PAL-O-MINE EQUESTRIAN, INC protective 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 I understand that the wearing of such headgear 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. I further understand that wearing such protective headgear may not protect against all injuries.

I. LIABILITY RELEASE: I AGREE THAT I, on behalf of myself (and my heirs, successors and assigns), fully and forever release and discharge PAL-O-MINE EQUESTRIAN, and all of its owners, officers, directors, agents, employees, representatives, assigns, members, owners of premises and trails, affiliated organizations, and insurers (collectively, the "Releasees"), from, and expressly waive, any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that may arise from my participation in this program. I agree not to make or bring any such claim or demand against PAL-O-MINE EQUESTRIAN or the Releasees, and fully and forever release and discharge PAL-O-MINE EQUESTRIAN and the Releasees from liability under such claims or demands.



I understand that this release discharges PAL-O-MINE EQUESTRIAN and the Releasees from any liability or claim that I may have against PAL-O-MINE and/or the Releasees with respect to any bodily injury, personal injury, illness, death, property damage, or property loss that may result from participation in the program, whether caused by the negligence of PAL-O-MINE EQUESTRIAN, the Releasees or otherwise.

Please select one option.

J. PHOTO RELEASE: I **do/do not** give permission for PAL-O-MINE EQUESTRIAN to use any photos of myself/my child(ren) for any promotional materials.

Riders, along with Rider's parents or legal guardians if the Rider is under the age of 18, must sign below after reading this entire document.

SIGNERS STATEMENT OF AWARENESS

I, the undersigned, have read and agree to this release and am fully familiar with its contents.

Participant Name: _____

Address: _____

City, State, Zip: _____

Preferred phone number: _____

Email: _____

Emergency contact name: _____ Phone: _____

Participant signature: _____ Date: _____

I am the parent or legal guardian of the minor Participant named above. I have the legal right to consent to and, by signing below, I hereby do consent in all respects to the terms and conditions of this release and agree that both the minor Participant and I shall be bound by all of its terms and conditions.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____