

Seaside 4 Therapeutic Riding, Inc.
(S4TR)
Volunteer/Staff Information and Health History

Please complete all six pages.

General information

Date: _____

Name: _____ E-Mail: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date of Birth: _____

Phone: Home: _____ Work: _____ Cell: _____

Employer/School: _____

Employer/School Address (Include City, State, ZIP):

Parent/Legal Guardian Name and Address (Include City, State, ZIP):

How did you learn about the program? _____

Health History

Dates of Most Recent Shot/Test: Tetanus Shot: _____

Tuberculosis Test: _____ Check Result: + -

(Consult your physician or local health department if you are not up to date with these shots/tests.)

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine-assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies: _____

I affirm that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: _____ Date: _____

(Volunteer/Staff; signed in presence of center staff)

Seaside 4 Therapeutic Riding, Inc.
(S4TR)
Volunteer/Staff Information and Health History

Photo Release (*Check one:*) I DO...
 I DO NOT...

consent to and authorize the use and reproduction by S4TR of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the center.

Signature: _____ Date: _____
(Volunteer/Staff; signed in presence of center staff)

Background Information

Have you ever been charged with or convicted of a crime? *Check one:* YES NO If Yes please explain:

I, _____ (volunteer/staff), authorize S4TR to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals. I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize the PATH center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____
(Volunteer/Staff; signed in presence of center staff)

CURRENT DRIVER'S LICENSE? *Check one:* YES NO

LICENSE NUMBER: _____ STATE: _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this PATH center is confidential and will not be shared with anyone without the express written consent of the participant – or their parent/guardian if the participant is a minor.

I will honor my schedule and commitment. I will try to be an appropriate model for my clients in my dress, language, and behavior.

Signature: _____ Date: _____
(Volunteer/Staff; signed in presence of center staff)

**Seaside 4 Therapeutic Riding, Inc.
(S4TR)
Volunteer/Staff Availability**

Name: _____

When are you available? Check the boxes for the hours
you can volunteer:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
7:30 AM							
8 AM							
9 AM							
10 AM							
11 AM							
12 Noon							
1 PM							
2 PM							
3 PM							
4 PM							
5 PM							
6 PM							
Other?							

Seaside sessions are Sunday 7:30 AM to 5:00 PM, and Saturday 8:30 AM to 1:00 PM.

Horse care everyday of the week! Contact Marian at (718)769-0991 if interested.

We also may try a weekday session after 4 PM.

Seaside 4 Therapeutic Riding, Inc.
(S4TR)
Authorization for Emergency Medical Treatment

Name: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Current Medications:

Allergies to 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 providing services, or while on the property of the program, I authorize S4TR 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 be invoked only if the person(s) above cannot be reached.

(Volunteers should be aware that without their own personal medical coverage they are limited to \$10,000 of coverage under Seaside's policy. One's personal policy pays first, and then Seaside's policy. There is a \$10,000 limit on Seaside's policy for a volunteer without personal medical coverage.)

Consent Signature: _____ Date: _____
(Volunteer/Staff; signed in presence of center staff)

Seaside 4 Therapeutic Riding, Inc. (S4TR)

GENERAL SAFETY RULES (Students and Staff)

Mandatory Safety Rules:

- While mounted and while working with the horses, ALL S4TR students must wear ASTM (American Society of Testing Materials) approved helmets. The harness must be secured. (Special equivalent helmets may be approved for specific situations if determined by the PATH certified instructor.
- Boots or shoes with at least a one-half (1/2) inch heel must be worn by all riders using stirrups.
- Smoking is prohibited in the barn area. Anyone who wishes to smoke must do so in the parking lot.
- Glass bottles are prohibited in the barn area and in all areas around the barn.
- No students or families are permitted in the barn area unless accompanied by a S4TR staff member.
- Small children (under 10) MUST be attended and supervised by a parent or suitable guardian AT ALL TIMES while on the property.
- All participants (volunteers and students) must have a liability release on file with S4TR to ride on the premises or to participate in any Seaside 4 activity.
- During lessons, parents and other observers must remain outside of the arena unless asked to enter by the instructor. Please do not stand at the gate or sit on the mounting block. We need to keep that area clear for use by horses and their riders.
- No alcohol is permitted in the barn area.
- No dogs are permitted on the barn grounds.

Strongly Recommended Safety Rules:

- When trail riding, a S4TR staff member or volunteer should tell someone at S4TR where he/she is going if approved to ride alone. Otherwise all trail riders must be accompanied by another approved rider. Carrying a cell phone is a sensible idea.
- Be calm and quiet in and around the horses. Loud noises or gestures can startle or spook them.
- When you approach a horse from behind speak quietly to him to let him know you are there.
- When saddling up, tighten the girth or cinch gradually in stages.
- Don't clip crossties to a bridle or a bit.
- Crouch when working on the lower legs, don't sit or kneel.
- Work to the side of the horse, not directly in front or behind him.
- Don't allow your horse to "chat" with other horses - horses can strike, bite, or kick, and injure people or each other in the process.

Signature: _____ Date: _____
(Volunteer/Staff; signed in presence of center staff)

Seaside 4 Therapeutic Riding, Inc.
(S4TR)

General Liability Release

The undersigned is aware that all activities involving horses including but not limited to riding, driving, grooming, leading or events involving horses pose many inherent dangers, risks and hazards including but not limited to bodily injury and physical harm to rider, groomer, leader, handler, side walker, photographer, spectator and/or helper. I (the undersigned) freely and fully assume all such risks, dangers, and hazards and the possibility of injury, death, property damage or loss resulting from such risks, dangers and hazards.

I hereby agree as follows:

_____ 1) To assume and accept all risks, dangers and hazards in connection with my use or my minor child's or ward's use of the facilities at S4TR or any off site activities sponsored by S4TR

_____ 2) To waive any and all claims that I may have against S4TR and the property owners as a result of my, my minor child or ward's use of the facility or participation in any off site activity sponsored by S4TR

_____ 3) To release S4TR, it's employees, board of director members, volunteers, spectators, clients, property owners and all people involved with S4TR from any and all liability, rights of action, or causes of action arising out of contract, tort or otherwise for any loss, damage, injury or expense that I, my minor child or ward, next of kin of myself, my minor child or ward, may suffer or incur as a result of use of the facilities or participation in off site activities sponsored by S4TR due to any cause whatsoever

_____ 4) The undersigned agrees to hold harmless and indemnify S4TR, and any employees, volunteers, board of director members, spectators, clients and or property owners from any and all liability for personal injury, property damage or death suffered by myself, my minor child or ward or by a third party as a result of use of and/or presence at the facility or off site activities sponsored by S4TR

_____ 5) That, in the event of my, my minor child or ward's injury or death, this release and indemnity agreement shall be effective and binding upon mine and my minor child or ward's heirs, next of kin, executors, administrators and assigns in relation to S4TR, it's property owners and any and all people involved.

Adult:

I acknowledge that I have read and understood this release and indemnity. I am at least 18 years of age and am aware that by signing this document, I am affecting legal rights and liabilities of myself, my heirs, next of kin, executors, administrators, and assigns in relation to S4TR, its property owners and any and all people involved.

Date: _____ Name: _____ (Print Legibly)

Signature: _____

Witness: _____

Minor or ward:

I acknowledge that I have read and understood this release and indemnity. I am 18 years of age or older. I have the authority as the parent or legal guardian of _____ (please print legibly) to sign and release on behalf of the minor/ward so that the minor/ward may participate and use the facilities offered by S4TR. I am aware that by signing this document, I am affecting legal rights and liabilities of the minor/ward, his/her heirs, next of kin, executors, administrators, and assigns in relation to S4TR, its property owners and any and all people involved.

Date: _____ Name: _____ (Print Legibly)

Signature: _____

Witness: _____