



GALLOPING ACRES FOUNDATION, INC. VOLUNTEER PACKET

GALLOPINGACRES.org
11353 Rocky Ridge Rd
Glen Allen, VA 23059

GENERAL INFO & LIABILITY

Name: _____ Age: _____ DOB: ____/____/____

Physical Address: _____

STREET (and unit)
CITY
STATE
ZIP CODE

Cell: (____) _____ - _____ Home Phone: (____) _____ - _____

Email Address: _____

Occupation: _____

Employer/School: _____ Work / School Phone: (____) _____ - _____

Work Address: _____

STREET (and unit)
CITY
STATE
ZIP CODE

How did you learn about the center: _____

Check which areas you are interested in and place an "E" for those you have experience in:

- | Program Volunteer | Competition | Administration |
|----------------------------------------------------------|-----------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> ___ Leading a horse | <input type="checkbox"/> ___ Horse show | <input type="checkbox"/> ___ Public relations |
| <input type="checkbox"/> ___ Side walking with a student | <input type="checkbox"/> ___ Away horse shows | <input type="checkbox"/> ___ Fund raising |
| <input type="checkbox"/> ___ Stable management | <input type="checkbox"/> ___ Ride-A-Thon | <input type="checkbox"/> ___ Newsletter |
| <input type="checkbox"/> ___ Facility Repair | <input type="checkbox"/> ___ Special Olympics | <input type="checkbox"/> ___ Volunteer Recruitment |
| | | <input type="checkbox"/> ___ Photography/Video |
| | | <input type="checkbox"/> ___ Budget and Finance |
| | | <input type="checkbox"/> ___ Future Planning |

Please describe your current **health status**, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Volunteer activities may include walking for extended periods of time, jogging short distances, working in hot/humid/cold conditions. Therefore please address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes:

VOLUNTEER LIABILITY RELEASE

I, _____, would like to Volunteer in the Galloping Acres Foundation, INC Therapeutic Riding Center's programs. I acknowledge and understand the risks and the potential for risks of a horseback riding program. However, I feel the possible benefits to myself/minor child are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against the Galloping Acres Foundation INC Therapeutic Riding Center, its Board of Directors, owners, instructors, therapists, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in the Galloping Acres Foundation, INC Therapeutic Riding Center's programs.

Signature: _____

Parent/Guardian (if under 18) _____ Phone: (____) _____ - _____

Address (if different than above) _____



GALLOPING ACRES FOUNDATION, INC.

VOLUNTEER PACKET

BACKGROUND CHECK
CONFIDENTIAL
 OFFICIAL USE ONLY

GALLOPINGACRES.org
 11353 Rocky Ridge Rd
 Glen Allen, VA 23059

In compliance with the National Child Protection Act and the Volunteers for Children Act, volunteers providing care to children, the elderly, or disabled with the Galloping Acres Foundation, Inc Program (i.e., a program primarily designed for participants under the age of 18) need to get a background check. All volunteers working non-consecutive days in youth programs are required to get a background check every seven years.

Volunteer Name: _____ Age: _____ DOB: ____/____/____

Physical Address:

STREET (and unit)

CITY

STATE

ZIP CODE

Mailing Address (if different from physical address)

STREET (and unit)

CITY

STATE

ZIP CODE

Social Security Number _____ - _____ - _____ Drivers License / State Issued ID Number: _____

Cell: (____) _____ - _____ Home Phone: (____) _____ - _____ Email: _____

Have you ever been charged or convicted of a crime? Yes No

If yes, please explain: _____

I, _____, authorize Galloping Acres Foundation, INC Therapeutic Riding Center to receive information from any law enforcement agency, including, but not limited to, police department's and sheriff department's of this state and 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. In respect to Galloping Acres Foundation, INC Therapeutic Riding Center's Confidentiality Policy, I understand that such access is for purposes of considering my application as a Volunteer, and that I expressly DO NOT allow Galloping Acres Foundation, INC Therapeutic Riding Center, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

_____ (Volunteer Signature) Date: ____/____/____

_____ (Parent/Guardian Signature ~ If Volunteer under 18)

Galloping Acres Foundation, INC Therapeutic Riding Center uses the above information to locate the best qualified volunteers and does not discriminate based on race, color, creed, sex, national origin or religion. All lesson volunteers must be at least 14 years of age in compliance with the Professional Association of Therapeutic Horsemanship Intl's (PATH's) Centers Standards, of which Galloping Acres Foundation, INC Therapeutic Riding Center is an operating member.



GALLOPING ACRES FOUNDATION, INC. VOLUNTEER PACKET

CONFIDENTIALITY POLICY

GALLOPINGACRES.org
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Due to the nature of therapeutic horseback riding, it is the policy of the Galloping Acres Foundation, INC Therapeutic Riding Center that any and all information pertaining to our riders, their family, and volunteers shall remain privileged and confidential. This information may include, but is not limited to, any medical, social, referral, personal, and/or financial information that may be disclosed as a result of participation at the center.

Disclosures of any confidential information shall not be released to anyone not associated with. Galloping Acres Foundation, INC Therapeutic Riding Center Discussions involving any rider shall be limited to progress reports, appropriate mounted and unmounted safety guidelines and any other guidelines the instructor may deem appropriate in each situation. Volunteers will be given information concerning students on a "need to know" basis and in keeping with the confidential nature of our client's records. Each rider shall be assured of record confidentiality and as such, only authorized staff will have access to secure records location. Volunteers are not permitted to discuss riders with other volunteers, their parents or guardians, other instructors, friends, etc., outside of the center.

Interviews or other forms of public discussions with any public relations media; either through television, radio or any other type of publications is strictly prohibited by any volunteer. All such matters should be directed to the Executive Director for appropriate action.

Since our intentions are to safeguard our riders, this policy is designed to ensure that the privacy of our riders, their families, and volunteers is protected. Sensitive medical, psychiatric, psychological and/or personal information may be detrimental if released to those outside of the Galloping Acres Foundation, INC Therapeutic Riding Center. Such a breach of confidentiality may also constitute ground for legal action.

Failure to adhere to Galloping Acres Foundation, INC Therapeutic Riding Center confidentiality policy by any staff or volunteer may result in the termination of service with the center and corrective actions taken.

I, _____, agree to uphold the confidentiality policy as stated above.

_____/_____/_____
Volunteer Signature Date

_____/_____/_____
Parent/Guardian ~ if Volunteer under 18 Date



GALLOPING ACRES FOUNDATION, INC. RIDER PACKET

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Emergency Medical Consent Form

TO EMERGENCY MEDICAL PROVIDERS

This is to authorize emergency treatment and/or transportation for _____ (VOLUNTEER)

SSN _____ - _____ - _____ DOB ____ / ____ / ____ HEIGHT _____ WEIGHT _____

ALLERGIES _____

Last Tetanus Shot: ____ / ____ / ____ Tuberculosis Test (PPD TB skin test) + or - Date: ____ / ____ / ____

PERTINENT MEDICAL INFORMATION (ongoing medical conditions, recent treatments for physical/mental conditions)

INSURANCE PROVIDER _____ GROUP # _____

INSURANCE PHONE # (____) _____ - _____ SUBSCRIBER EMPLOYER _____

SUBSCRIBERS NAME _____ RELATIONSHIP _____

HOME ADDRESS: _____
STREET (and unit) CITY STATE ZIP CODE

EMERGENCY CONTACT _____ RELATIONSHIP _____

(____) _____ - _____ CELL HOME WORK (____) _____ - _____ CELL HOME WORK

EMERGENCY CONTACT _____ RELATIONSHIP _____

(____) _____ - _____ CELL HOME WORK (____) _____ - _____ CELL HOME WORK

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I, the undersigned, hereby authorize Galloping Acres Foundation, INC Therapeutic Riding Center 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) below is unable to be reached.

Volunteer name (please print) Signature _____ Date ____ / ____ / ____

Parent/Guardian name (please print) Signature _____ Date ____ / ____ / ____

Witness name (please print) Signature _____ Telephone Number (____) _____ - _____

Witness name (please print) Signature _____ Telephone Number (____) _____ - _____



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Exhibit A VIRGINIA EQUINE ACTIVITY LIABILITY ACT As Amended 2003 Section 3.1-796.130. Definitions

As used in this chapter, unless the context requires a different meaning:

“Engages in an equine activity” means (i) any person, whether mounted or unmounted, who rides, handles, trains, drives, assists in providing medical or therapeutic treatment of, or is a passenger upon an equine; (ii) any person who participates in an equine activity but does not necessarily ride, handle, train, drive, or ride as a passenger upon an equine; (iii) any person visiting, touring or utilizing an equine facility as part of an event or activity; **or** (iv) any person who assists a participant or equine activity sponsor or management in an equine activity. The term “engages in an equine activity” does not include being a Spectator at an equine activity, except in cases where the spectator places himself in an unauthorized area and in immediate proximity to an equine or equine activity.

“Equine” means a horse, pony, mule, donkey, or hinny.

“Equine activity” means (i) equine shows, fairs, competitions, performances, or parades that involve any or all breeds of equines and any of the equine disciplines, including, but not limited to, dressage, hunter and jumper horse shows, grand prix jumping, three-day events, combined training, rodeos, driving, pulling, cutting, polo, steeple chasing, endurance trail riding and western games, and hunting; (ii) equine training or teaching activities; (iii) boarding equines; (iv) riding, inspecting, or evaluating an equine belonging to another whether or not the owner has received some monetary consideration or other thing of value for the use of the equine or is permitting a prospective purchaser of the equine to ride, inspect, or evaluate the equine; (v) rides, trips, hunts, or other equine activities of any type however informal or impromptu that are sponsored by an equine activity sponsor, (vi) conducting general hoof care, including but not limited to placing or replacing horseshoes or hoof trimming of ass equine and (vii) providing or assisting in breeding or therapeutic veterinary treatment.

“Equine activity sponsor” means any person or his agent who, for profit or not for profit sponsors, organizes, or provides the facilities for an equine activity, including but not limited to pony clubs, 4-H clubs, hunt clubs, riding clubs, school- and college-sponsored classes and programs, therapeutic riding programs, and operators, instructors, and promoters of equine facilities, including but not limited to stables, clubhouses, pony ride strings, fairs, and arenas at which the activity is held.

“Equine professional” means a person or his agent engaged for compensation in (i) instructing a participant or renting to a participant an equine for the purpose of riding, driving, or being a passenger upon an equine or (ii) renting equipment or tack to a participant.

“Intrinsic dangers of equine activities” means those dangers or conditions that are an integral part of equine activities, including but not limited to (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; the unpredictability of an equine’s reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant’s ability.

“Participant” means any person, whether amateur or professional, who engages in an equine activity, whether or not a fee is paid to participate in the equine activity.

Section 3.1-796.132. Liability limited; liability actions prohibited.

A. Except as provided in Section 3.1-796.133, an equine activity sponsor, an equine professional, or any other person, which shall include a corporation, partnership, or limited liability company, shall not be liable for an injury to or death of a participant resulting from the intrinsic dangers of equine activities and, except as provided in Section 3.1-796.133, no participant nor any participant’s parent, guardian or representative shall have or make any claim against or recovery from any equine activity sponsor, equine professional, or any other person for injury, loss, damage, or death of the participant resulting from any of the intrinsic dangers of equine activities.

B. Except as provided in Section 3.1-796.133, no participant or parent or guardian of a participant who has knowingly executed a waiver of his rights to sue or agrees to assume all risks specifically enumerated under this subsection may maintain an action against or recover from an equine activity sponsor or an equine professional for an injury to or the death of a participant engaged in an equine activity. The waiver shall give notice to the participant of the intrinsic dangers of equine activities. The waiver shall remain valid unless expressly revoked in writing by the participant or parent or guardian of a minor.

Section 3.1-796.133. Liability of equine activity sponsors, equine professionals.

No provision of this chapter shall prevent or limit the liability of an equine activity sponsor or equine professional or any other person who:

- I. Intentionally injures the participant;
2. Commits an act or omission that constitutes negligence for the safety of the participant and such act or omission caused the injury, unless such participant, parent or guardian has expressly assumed the risk causing the injury in accordance with subsection 13 of Section 3.1- 796.132; or
3. Knowingly provides faulty equipment or tack and such equipment or tack was faulty to the extent that it did cause the injury or death of the participant.

_____/_____/_____
 Volunteer name (please print) Signature Date

_____/_____/_____
 Parent/Guardian name (please print) Signature Date

IF UNDER 18 YEARS OF AGE



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PHOTO RELEASE

Consent Release for Galloping Acres Foundation, INC.

Name: _____ (Volunteer)

Name: _____ (Parent/Guardian ~ if Student under 18)

I DO consent to and authorize Galloping Acres Foundation and/or Hanover County Parks and Recreation to take or have taken still and/or moving photographs, films and/or television pictures, and consent and authorize Galloping Acres Foundation and/or Hanover County Parks and Recreation and/or its advertising agencies, television or news media and any other persons associated with the Galloping Acres Foundation and/or Hanover County Parks and Recreation, to use and reproduce the photographs, films, and/or pictures and to circulate and publicize the same by all means, including, without limiting the generality of the foregoing, news organizations, social media (i.e. Facebook), brochures, pamphlets, educational activities, exhibitions, instructional materials, books, and/or clinical materials. With respect to the foregoing matters, no inducements or promises have been made to me to secure my signature to this release other than the intention of Galloping Acres Foundation and/or Hanover County Parks and Recreation to use or cause to be used such photographs, films, and pictures for the **primary purpose of promoting and aiding Galloping Acres Foundation, INC and/or Hanover County Parks and Recreation for the benefit of the Therapeutic Riding program and its business.**

Signature: _____ (Volunteer) Date: ____ / ____ / ____

Signature: _____ (Parent/Guardian - if Volunteer is under 18)

I DO NOT for reasons I am not obligated to disclose, give consent for photographs, either still or moving, for social media (i.e. Facebook) or any television or news media, to be taken of myself by Galloping Acres Foundation, INC and/or Hanover County Parks and Recreation or any persons working on behalf of Galloping Acres Foundation and/or Hanover County Parks and Recreation. I understand a Red Dot or other signifier will be placed on the sign-in sheet and/or on the volunteer to reflect photographs, etc., are NOT allowed.

Signature: _____ (Volunteer) Date: ____ / ____ / ____

Signature: _____ (Parent/Guardian - if Volunteer is under 18)



GALLOPING ACRES FOUNDATION, INC.

RIDER PACKET

POLICIES

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Hanover County Parks & Recreation and Galloping Acres Foundation, Inc. Therapeutic Riding Program

Hanover County Parks & Recreation and Galloping Acres Foundation, Inc. Therapeutic Riding Program will implement the following policies for the riding season. The following policies and procedures are critical to the safety of the participants, volunteers, instructors and horses. These policies are not flexible and will be followed to help promote an environment that will be safe, beneficial and fun for the participants. Please take the time to read and thoroughly understand these policies and procedures. Your signature acknowledges that you fully understand and will abide by all policies and procedures and will help keep the environment as safe as possible. Thank you for your understanding.

Participation In/Discharge From Therapeutic Riding Classes:

Recognizing that equine related activities hold inherent risks all new participants will be evaluated by PATH (Professional Association of Therapeutic Horsemanship Intl) Certified Instructors to ensure a safe and beneficial experience. In compliance with PATH guidelines and Galloping Acres Foundation, Inc. policy, participants must be at least 5 years of age; participant/parent/guardian must turn in all liability and medical forms, They must be complete, signed, and dated two weeks prior to the first lesson to give the instructors ample to time to review and plan a fun and safe lesson. Upon reviewing completed paperwork and evaluating prospective participants Galloping Acres Foundation, Inc. will make a determination regarding participation. Returning participants will be re-evaluated annually or as necessary for changes in medical, physical, cognitive and behavioral status. We will assess participant involvement with a risk/benefit analysis taking into consideration PATH Precautions and Contraindications noted in the program accreditation standards manual. Galloping Acres Foundation, Inc. instructors will make final determination for participation based on class availability, volunteer availability, and instructor expertise and horse suitability. Galloping Acres Foundation, Inc. reserves the right to discharge any rider from the program without notice. Reasons for discharge may include, but are not limited to the following: 1) Rider progresses to a level of skill that they may be better served by a riding program for non-disabled students, 2) Rider becomes too large or heavy for the program to serve safely, 3) Rider's condition or behavior becomes a threat to safety, 4) Program does not have suitable mount for rider.

Volunteer Opportunities:

Volunteers are the backbone of this program! If you or someone you know would like to help out during lessons, or with fundraising please contact a Galloping Acres Foundation, Inc. representative.

Fee:

\$300 per session for a six week program. Please make checks payable to Hanover County Parks and Recreation

Financial Assistance:

There is a limited amount for partial or full financial assistance available each session. If you wish to request financial assistance, please contact Shannon Lawson at 804-883-3003 or by email Shannon@gallopingacres.com with the subject line GAF Financial Assistance for more details.

Attendance:

1. If a student is unable to attend a class, you must call Shannon Lawson at 804-357-4231 three hours prior to the class. Failure to call and notify your instructor more than twice will result in discharge from the program without refund.
2. If at any time you are unsure if lessons could be cancelled due to weather, please call Shannon Lawson at 804-883-3003 or 804-357-4231.
3. Students should arrive 15 minutes prior to their scheduled class time.

Late Arrivals:

In order to conduct a beneficial and productive riding lesson, students arriving late (after the gate is closed) will not be mounted.

Riding is contraindicated:

1. If staff and volunteers are unable to safely manage the participant in any situation, including an emergency dismount.
2. If safety or comfort of the horse is compromised, the final determination for participation will be made by Galloping Acres Foundation, Inc.

Weight Considerations:

Weight is generally limited to 170 pounds, but decisions regarding participation will be based on the availability of a suitable horse relative to the height, cognition, and balance of the participant. The results of a risk/benefit analysis will also be considered.

Initial _____



GALLOPING ACRES FOUNDATION, INC.

RIDER PACKET

POLICIES

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Attire:

1. ASTM-SEI approved helmets must be worn while mounted and during non-mounted grooming or barn activities and will be provided if necessary.
 - a. Students are strongly encouraged to purchase their own helmet to help reduce sanitary issues.
We recommend the “Troxel, International or Tipperary Spoilage” Helmets.
 - b. Local Tack Shop: Champion Saddlery 15225 Breedens Road Doswell, VA 23047 804-227-3434
2. Students must wear long pants to protect their legs. Jeans or Sweat pants will work fine. Shorts are permitted only with chaps.
3. Students need to wear sturdy shoes with a heel or riding boots (NO sandals, and sneakers are not recommended).
4. Students may wear gloves during the lesson, to protect their hands from blisters and cold weather. Stretch gloves and leather gloves are most ideal.
5. Students should wear fitted clothes with shirttails tucked in.
6. Students with medium-long hair must their hair tied back in a low ponytail; no clips or barrettes allowed under helmets.
7. Students may not wear large earrings, necklaces, and/or bracelets.

Parking/Observation Area:

1. Please note the SPEED LIMIT of 5 MPH. Please park in designated parking area. This will vary from session to session. Siblings and parents should wait calmly and quietly in areas designated by the instructors so that lessons are not disrupted and to help promote a safe, non-distractive environment for the safety of the rider’s, horses, volunteers and instructors. Also, please do not wear open toed shoes. Any participant, parent, sibling, or volunteer who demonstrates behavior deemed inappropriate, disruptive or unsafe by any Galloping Acres Foundation, Inc. Instructor will be asked to leave the premises without warning. No dogs allowed on premises unless they live there.

Typical Lesson Format:

1. Mount - Usually takes about fifteen minutes to safely mount four students
2. Warm-Up will begin after mounting, and will include walking around the ring
3. Exercises - 10 minutes
4. Body of Lesson (review) - 10 minutes
5. Games - 10 minutes
6. Closure - 10 minutes
7. Dismount - 5 minutes

Please note on the first lesson, it may take longer to begin the lesson due to properly fitting helmets, matching the right size horse to the rider, tack, and student.

****Adjustments to the student or horse may be necessary at any time of the lesson to allow the best possible body alignment and comfort for the horse while riding.****

Please read and sign below. I have read and understand the policies and procedures of the Hanover County Parks and Recreation Therapeutic Riding Program and Galloping Acres Foundation, Inc. held at Tall Cedars Farm, Inc. I have read all waivers and forms (NINE [9] PAGES) and have completed all requested information to the best of my knowledge.

Volunteer’s Full Name (Print Name) _____

Volunteer (Signature) _____ DATE ____/____/____

Parent/Guardian (Signature) _____ DATE ____/____/____