



Welcome to GallopNYC

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

By completing these forms you have completed the first step towards becoming a GallopNYC volunteer. Your next step is to complete an online or in-person orientation if you have not already done so already. For further information on where to attend in-person orientation please e-mail volunteer@gallopnyc.org.

This packet contains:

1. Policies on Treatment of Confidential Information, Volunteer Behavior, and Volunteer Dismissal Policy
2. Volunteer Registration Form
3. GallopNYC and Photo Release Forms

Important Phone Numbers

Beth McReynolds, Site Coordination Supervisor
(212) 947-5354, beth@gallopnyc.org

James Wilson, Operations Director
(646) 450-1618, james@gallopnyc.org

Peter Byrne, Program Manager
(646) 413-0469, peter@gallopnyc.org

POLICY ON 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 or concerns, please feel free to ask any **GallopNYC** Staff Member.



VOLUNTEER BEHAVIOR POLICY

Volunteers are expected to be reliable and responsible, and to perform their duties in an efficient and safe manner, as outlined in the Volunteer Information and Training Packet.

Volunteers must never be alone with a rider.

Volunteers should not interact with any rider outside of their volunteer activity with GallopNYC.

Volunteers must not engage in discriminatory or racist statements or behaviors. Volunteers must not engage in sexual harassment, for example: jokes, innuendos, insults, or sexist remarks that a person in earshot finds offensive; the display of derogatory or pornographic pictures; leering; inappropriate touching; or kissing.

If a volunteer has any GallopNYC volunteer-related concerns, questions about appropriate behavior while volunteering, or complaints about inappropriate behavior by another volunteer or GallopNYC staff, they should speak with the Volunteer Coordinator immediately. If a volunteer is unable to speak with the Volunteer Coordinator, or has a complaint concerning the Volunteer Coordinator, he/she should contact the Executive Director at GallopNYC.

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 GallopNYC. We also will respect concerns raised by the stable owners, as we are guests on their property.

Grounds for immediate dismissal:

- Failing to disclose a health or fitness issue or a conviction of a felony or misdemeanor on the Volunteer Registration form.
- Any violation of the GallopNYC Confidentiality Policy.
- Presenting for duty apparently intoxicated or chemically impaired.
- Involvement in illegal activities.
- Failure to adhere to any of GallopNYC's policies or procedures.
- Any inappropriate behavior.

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 GallopNYC determines appropriate.

Furthermore, volunteers who are unable to honor their commitment and repeatedly fail to notify the Volunteer Coordinator of upcoming absences may be dismissed.

For Use by GallopNYC:

GallopNYC Release Photo Release
Stable Release: Lynne's Jamaica Bay



GallopNYC Volunteer Registration Form

(Print clearly and bring with you to your orientation. This form, 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

Home Phone: _____ Cell Phone: _____

Personal Email: _____

Employer: _____ Does your employer offer matching gifts? Y N

Work Phone: _____ Work E-mail: _____

What is your preferred method of contact?

Phone call (Home, Cell, Work)

Email (Personal, Work)

GallopNYC operates in four locations. Where would you like to volunteer? Check all that apply.

- Bowling Green (Prospect Park, Brooklyn)
- Lynne's Riding School in (Forest Hills, Queens)
- Jamaica Bay Riding Academy (Shore Parkway, Brooklyn)
- Bronx Equestrian Center (Pelham Bay Park, Bronx)
- Riverdale Stables (Riverdale, Bronx)

I have Skills or Interests in (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Multiple Languages |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Health Professional | <input type="checkbox"/> Stable Work |
| <input type="checkbox"/> Horse Experience | <input type="checkbox"/> Volunteer Coordination/Outreach |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mental Health Professional | |

Are you volunteering at GallopNYC as part of NY Cares, a Company or School Group? (Indicate below):



Throughout the course of your time as a volunteer with GallopNYC, site leaders and other staff will sometimes communicate class cancellations or other urgent information via text message.

Are you willing to receive these text messages on your cell phone? Y N

Medical conditions that might affect your performance as a volunteer:

Heart _____ Lungs _____ High blood pressure _____ Seizures _____ Other _____

Comments/explanations _____

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

Name: _____ Phone: _____

Name: _____ Phone: _____

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

Yes (if yes, please detail below) No

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’s policies and procedures. I agree to respect the confidential nature of student information that I may have access to through my volunteer work in accordance with the Policy on Treatment of Confidential Information stated in the Volunteer Information and Training Packet. 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:** _____



RELEASE AND WAIVER OF LIABILITY

My full name is: _____

My child or ward's full name (if applicable) is: _____

Child/ward's Date of Birth (Month/Day/Year): _____

Please check one: I desire that **myself** or **my child or 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."

I reside at: [Street] _____
[City/St/Zip] _____

My child or ward resides at the same address: YES NO

My child or ward resides at a different address, which is:
[Street] _____
[City/St/Zip] _____

In the event of an emergency, please contact:

1. Name: _____ Relation: _____ Phone: _____

2. Name: _____ Relation: _____ Phone: _____

3. Name: _____ Relation: _____ Phone: _____

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): _____