



**FREEDOM HORSE FARM**  
158 FLOCKTOWN RD. LONG VALLEY, NJ 07853  
908.797-4547  
“Where Freedom is just a hoof beat away”

## **Volunteer Program Information Sheet**

Thank you for your interest in volunteering with Freedom Horse. Our program is for riders with disabilities, including children, young adults and adults.

Volunteers assist in the classes by leading a horse or sidewalking. Help may also be needed in the barn to brush and tack horses.

### **Requirements**

Basic requirements are a comfort level around horses and the desire to help riders with a disability get the most out of each lesson. Volunteers also need to be able to walk for 45 minutes or longer (with some stops along the way) outside.

### **Physical fitness**

It is important for you to understand that leading a horse or acting as a sidewalker is strenuous and can include significant time jogging in variable arena footing. If you have any doubts about your ability to perform these duties for up to an hour at a time, there are several other extremely useful volunteer jobs available to you that would be less physical.

- Please wear clothing and footwear (no sneakers) suitable for being around horses, dust, etc.



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“And God took a handful of southerly wind, blew his breath upon it, and created the horse”

## Volunteer/Staff Information Form and Health History

Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Employer/Place of Employment: \_\_\_\_\_

Parent/Legal Guardian/Caregiver Name/ Address/Phone Number: \_\_\_\_\_

Recent medical tests: Last Tetanus Shot \_\_\_\_\_ Tuberculosis Test + -- Date: \_\_\_\_\_

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

### Health History:

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: \_\_\_\_\_

Medications: \_\_\_\_\_

I understand 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: \_\_\_\_\_

Parent or guardian if under the age of 18



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“And God took a handful of southerly wind, blew his breath upon it, and created the horse”

How did you hear about Freedom Horse need for volunteers? \_\_\_\_\_

What made you choose Freedom Horse as a place to volunteer? \_\_\_\_\_

Do you have experience interacting with people with disabilities? No  Yes  If yes, describe \_\_\_\_\_

Do you have experience with horses? No  Yes  If yes, describe: \_\_\_\_\_

Please list any additional skills, interests that you would be willing to share with Freedom Horse.  
(e.g. *artistic ability, fundraising, public speaking, computers, etc....* )

**Background Information:**

Have you ever been charged with or convicted of a crime \_\_\_\_No \_\_\_\_ Yes, Please explain \_\_\_\_\_

I, \_\_\_\_\_ (volunteer/staff), authorize **Freedom Horse** 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 NARHA 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: \_\_\_\_\_

Parent or guardian if under the age of 18

CURRENT DRIVERS’ LICENSE Y N LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

**References:**

Freedom Horse requires that **all new volunteers provide phone numbers for two references.** These may come from teachers, employers, other agencies you volunteer with, co-workers, etc.

**Reference #1**

Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Phone Number \_\_\_\_\_

**Reference #2**

Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Phone Number \_\_\_\_\_

**Volunteer Agreement with Freedom Horse**

In consideration of this application form, I hereby waive and release any and all claims against Freedom, their paid personnel, volunteers for all injuries and expenses incurred by me during Freedom Horse activities.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**(parent or guardian, only if applicant is under 18 years of age)**

# EMERGENCY PROCEDURE

## Person dispatched by instructor to call EMS

Stay Calm!

- Then dial **876-3232 or 911**  
Washington Police HQ non-emergency line
- **Dial 0** for Dispatch
- Tell them what service you need: EMS, Police, Fire.
- Give the EMS Dispatcher

**\*\* Your name**

**\*\* The location:**

*158 Flocktown Road*

**\*\* The victim's condition**

**\*\* The exact location of the accident (indoor/outdoor arena, etc.)**

## ASK IF YOU SHOULD STAY BY THE PHONE.

### Person sent for supplies for bleeding, etc.:

First Aid located in Tack room on top of grey cabinet. Also grab clean saddle pad or horse blanket if cold.

## Person dispatched by instructor to wait for the EMS Team

1. Go to the driveway and stand on the side of the driveway nearest to the mailbox
2. When the EMS Team arrives, tell them exactly where the accident site is located.

# Emergency Procedures

## **In the event of an emergency during a lesson:**

Follow the directions of the Instructor

Leaders should halt all horses

Sidewalkers should do armlocks on all riders or dismount riders

The instructor may:

- have a volunteer get EITHER the first aid kit  
this is in the tack room on top of the grey cabinet;  
OR fetch supplies as needed.

have a volunteer call for the EMS from a cell phone, or from the office on the desk

- ask a volunteer to wait in driveway for EMS, tell them exactly where to go
- appoint a volunteer to be in charge of the rest of the lesson group

## **If a rider becomes unbalanced during the lesson:**

Sidewalkers communicate to the horse leader to halt the horse

Leader stops the horse and stands in the front of the horse

Sidewalkers should do armlocks or reposition the rider according to the Instructor's directions.

## **If a rider must be removed from a horse during the lesson:**

Sidewalkers communicate to the horse leader to halt the horse in the center of the ring.

Leader stops the horse and stands in the front of the horse.

One sidewalker dismounts the rider with assistance from the second sidewalker

**Usually the person on the rider's LEFT side will be active in dismounting**

# **LOOSE HORSE POLICY**

## **If a horse becomes loose in the barn:**

Make sure all participants are out of the aisles and all stall doors are closed, other than loose horse stall door. Close all doors to outside and arena.

If horse is wearing a halter, attach lead line and lead horse back to stall.

If horse is not wearing a halter, with one or two other volunteers, guide horse back to stall or approach him with leadline/halter and put them on and lead horse back to stall.

If necessary a handful of grain in a small bucket from feed room may be used.

## **If a horse becomes loose in the arena before or after a lesson:**

All leaders should halt their horses.

One or two volunteers should approach the loose horse and collect the reins.

## **If a horse becomes loose in the arena during a lesson:**

All leaders should halt their horses.

All sidewalkers should do armlocks on their riders.

The leader of the loose horse should approach the horse as outlined below.

## **When approaching a loose horse:**

Your body language is crucial. Do not run up to the horse. Do not wave your arms.

Walk slowly, talk softly, with your arms down.

Approach him towards his flank or shoulder.

If the horse is quiet when you approach, pet him and proceed to take the reins or halter/leadline.

If the horse does not have a halter on, first slide the leadline around his neck.

While holding the leadline closed around his neck, put on his halter, then attach lead line to halter and lead him back to his stall.

# **SEVERE WEATHER POLICY**

## **In the event of a thunderstorm**

In the event of a severe thunderstorm during a lesson, the instructor may discontinue the lesson.

Volunteers must follow the instructor's directions.

Volunteers may be asked to dismount their riders in the arena.

Sidewalkers dismount riders and accompany back to the waiting room/bleachers.

Leaders return horses to the barn.

## **In the event of High Winds/Tornado**

All participants must follow the instructor's directions.

All riders and sidewalker volunteers are to proceed immediately to the Barn

All leaders are to return horses to their stalls and untack them.

If time does not allow returning horses to their stalls, horses are to be untacked and turned out to the paddock

Leaders are to proceed immediately to the Barn.





# FREEDOM HORSE FARM LLC

158 FLOCKTOWN RD. LONG VALLEY, NJ 07853

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www.freedomhorsefarmllc.com

WITNESS THIS RELEASE dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_, “The Release” by and between

- Freedom Horse Inc.
- Leslie Terzuolo
- Freedom Horse Farm LLC;
- Elise Hoffmann
- Elizabeth Duskotz
- Nicole Gonzalez
- Renee Marski

Freedom Horse Farm LLC instructors, therapists, volunteers, agents, employees, representatives and anyone acting on their behalf, Collectively the “Releasees”;

and \_\_\_\_\_, hereinafter referred to as "User", and, if User is a minor, User's parent or guardian \_\_\_\_\_, which are referred to herein collectively with the minor as the “User”. For consideration received, and in exchange for the use, today and on all future dates of the property, facilities and services of Freedom Horse Farm, LLC, User's heirs, assigns, and representatives, hereby agree as follows:

1. Inherent Risks and Assumption of Risk. The User acknowledges there are inherent risks associated with equine activities such as described below, and hereby expressly assumes all risks associated with participating in such activities. The inherent risks include, but are not limited to the propensity of equines to behave in ways such as, running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons on or around them; the unpredictability of equines reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface and subsurface conditions; collisions with other animals; the limited availability of emergency medical care; and the potential of a participant to act in a negligent manner that may contribute to injury to the User or others, such as failing to maintain control over the animal or not acting within such User's ability.

User acknowledges that horses, by their very nature are unpredictable and subject to animal whim. User assumes all risks in connection therewith, and expressly waives any claims against any or all of the Releasee's for any injury or loss arising therefrom. User agrees to abide by and follow Freedom Horse Farm, LLC's, rules and regulations which shall be posted and/or available from time to time. User further acknowledges that the behavior of any animal is contingent to some extent upon the ability of User. User assumes all risks therefore and warrants a full and fair disclosure of User's abilities has been made to Releasees and anyone responsible for the lesson or session.

User expressly releases Releasees and anyone acting on their behalf from any and all claims for personal injury or property damage, even if caused by negligence (if allowed by the laws of this State) by Releasee's and anyone acting on their behalf. User agrees that this agreement shall be interpreted in accordance with the laws of the State of New Jersey and that any dispute arising hereunder shall be submitted to binding arbitration.

## **WARNING**

**UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L., CHAPTER 287.**

2. User agrees to assume any and all risks involved in or arising out of User's use of any equipment, equine or livestock pertaining to taking of riding lessons, the use of any arena on the premises of Freedom Horse Farm, LLC, and for purposes of taking riding lessons either on the premises or lessons given off the premises by any Releasee.

3. USER (OR USER'S PARENT OR GUARDIAN IF USER IS A MINOR) AGREES TO HOLD HARMLESS, INDEMNIFY AND DEFEND FREEDOM HORSE FARM, LLC, RELEASEES AND THE OWNER AND THE LESSOR OF ANY PROPERTY FREEDOM HORSE FARM, LLC, MAY LEASE, RENT OR OTHERWISE OCCUPY, AND ANY OF FREEDOM HORSE FARM, LLC'S INSTRUCTORS AGAINST ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION, DAMAGES, JUDGMENTS, ORDERS, COSTS OR EXPENSES, INCLUDING ATTORNEY'S FEES, WHICH MAY IN ANY WAY ARISE FROM OR BE IN ANY WAY CONNECTED WITH USER'S USE OF OR PRESENCE UPON THE PROPERTY OF FREEDOM HORSE FARM, LLC AND THE FACILITIES LOCATED THEREON.

4. USER (OR USER'S PARENT OR GUARDIAN IF USER IS A MINOR) AGREES TO HOLD HARMLESS, INDEMNIFY AND DEFEND RELEASEES AGAINST ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION, DAMAGES, JUDGMENTS, ORDERS, COSTS OR EXPENSES, INCLUDING ATTORNEY'S FEES, WHICH MAY IN ANY WAY ARISE FROM OR BE IN ANY WAY CONNECTED WITH EQUINE OR OTHER ACTIVITIES NOT CONDUCTED ON PROPERTY OWNED, RENTED, LEASED OR OTHERWISE OCCUPIED BY FREEDOM HORSE, INC.

5. In the event User is a minor, the parent or guardian shall further indemnify, defend and hold Releasees and the owner and the lessor of any property Freedom Horse Farm, LLC, may lease, rent or otherwise occupy, harmless from any such claims by said User.

6. In the event User is using User's own horse, or a horse(s) not owned by Freedom Horse Farm, LLC, User warrants said horse(s) shall be free from infection, contagious or transmittable diseases. Freedom Horse Farm, LLC, reserves the right to refuse access or use of any horse upon the premises that does not appear to any representative of Freedom Horse Farm, LLC, to be in good health, or is deemed dangerous or undesirable.

7. Any action brought under this Release shall be brought within one (1) year of the incident or accident giving rise to said claim. User agrees that damages shall be limited to \$250 for property damage, actual expenses incurred, and a maximum of \$10,000 for non-consequential damages such as pain and suffering or such other limits as prescribed by law.

8. User agrees to waive the protection of any applicable statutes in this jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing said release.

\_\_\_\_\_  
**Users Signature**                      **Print Name**    **Age (or "over 18")**

If User is a minor, parent or guardian must sign and acknowledge having read the Release:  
By signing below, I acknowledge that I am the parent or guardian of the User named in this release and that I have read and understood this Release: Yes: \_\_\_\_\_ No: \_\_\_\_\_

\_\_\_\_\_  
**Signature**    **Print Name**    **Relation to User**

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_



## Authorization for Emergency Medical Treatment Form

Participant

Staff

Volunteer

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Medical Facility \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Current 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 receiving services, or while being on the property of the agency, I authorize \_\_\_\_\_ to:

(Center's Name)

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) above is unable to be reached

Date: \_\_\_\_\_ Consent Signature \_\_\_\_\_

Client, Parent or Legal Guardian  
*Signed in presence of center staff.*

### Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

\_\_\_\_ Parent or legal guardian will remain on site at all times during equine assisted activities

\_\_\_\_ In the event emergency treatment/aid is required, I wish the following procedure take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_

Client, Parent or Legal Guardian  
*Signed in presence of center staff.*



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## Photo/ Video Release

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Photo Release:

I \_\_\_\_\_ DO  
\_\_\_\_\_ DO NOT

Consent to and authorize the use and reproduction by Freedom Horse of any and all photographs, digital 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: \_\_\_\_\_



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## **Confidentiality Agreement**

**As a volunteer who works with Freedom Horse Farm riders, you will be given enough background information so you may be informed as to the rider's needs.**

**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 Freedom Horse Farm personnel.**

**If you have any questions, please ask the Freedom Horse Farm director.**

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

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(parent or guardian, only if applicant is under 18 years of age)