



Happy Tails TR at Synergy Stables  
232 County Road 537  
Colts Neck, NJ 07722

(908) 902-8876  
taramoore@happytailstr.com  
happytailstr.com

## Happy Tails Therapeutic Riding 2019 Volunteer Application

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Thank you for your interest in joining the Happy Tails team! We value the dedication, experience and enthusiasm volunteers bring to our program. Without volunteers, the day to day operation of Happy Tails would not be possible.

Happy Tails is committed to providing safe, beneficial and fun lessons to our volunteers and special needs students. As a volunteer, your primary responsibilities may be assisting in the following ways:

- Preparing horses for lessons, including grooming and tacking
- Leading horses during lessons
- Sidewalking with students
- Setting up and breaking down arena equipment (cones, ground poles, etc.)
- Untacking horses after lessons
- Maintaining cleanliness of the barn and grooming area

Prior to being assigned a regular lesson schedule, your application will be reviewed by Happy Tails staff, and you will be called for an interview and training session at our facility. Please be aware that volunteer experience at another therapeutic center is valuable, however, does not disqualify you from our interview and training process. Although all therapeutic centers follow PATH Intl. standards, every program has their own operational and safety protocols.

In this application, you will find:

- |   |     |
|---|-----|
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Thank you for taking the time to fill out our Volunteer Application, and we look forward to meeting you at our facility!

Warm Regards,

Tara Moore  
Director, Happy Tails Therapeutic Riding



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## Volunteer Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Preference:    Call    Text

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

Emergency Contact Name and Number: \_\_\_\_\_

Employer/School: \_\_\_\_\_

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

\_\_\_\_\_

How did you learn about Happy Tails? \_\_\_\_\_

Do you have experience working with horses? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have experience working with children/adults with special needs? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

## Health Status

Volunteers assigned to Leader and Sidewalker positions must be physically capable of walking for 30-45 minutes, jogging short distances, and supporting the weight of some riders.

Please use the open space below to describe your current health status. This will help us place you in a volunteer position most suitable for you.



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## Volunteer Background

Have you ever been charged with or convicted of a crime? If yes, please explain:

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I, \_\_\_\_\_ (volunteer/staff), authorize Happy Tails Therapeutic Riding and Copper Hill Stables 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 I expressly DO NOT authorize Happy Tails Therapeutic Riding and Copper Hill Stables, 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: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

## Confidentiality Agreement

I understand that all information (written and verbal) about participants at Happy Tails Therapeutic Riding is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian in the case of a minor.

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



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## Areas of Interest and Availability

Please check areas in which you are interested:

### Program

- ☐ Horse handling (including leading horse for lessons)
- ☐ Sidewalking with students
- ☐ Facility maintenance (cleaning the barn, cleaning tack, trail maintenance, etc.)

### Special Events

- ☐ Fundraising
- ☐ Horse shows (We participate in both in-house shows and local NJ shows)

### Administrative

- ☐ Volunteer training/mentoring
- ☐ Photography/videography
- ☐ Marketing/social media

**Schedule: Volunteers are required to sign up for 11 week sessions that correspond with students' 11- week lesson packages. If there are any dates within your 11-week session you have to miss, please try to give at least 48-hour notice.**

Please Specify:	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Timeframe Available</b> (account for 20 min before and after lesson)						

Would you like to be contacted as a substitute volunteer if a fellow volunteer calls out?

Yes    No

\* Lessons run in increments of 30 minutes or one hour. If assigned to a 30-minute lesson, volunteers are expected to arrive 20 minutes prior to the start of the lesson to groom and tack the horse, and will need to stay about 15-20 minutes after the lesson to untack and put the horse away. One hour lessons require volunteers to arrive 10 minutes prior to the start of the lesson, and stay for about 10 minutes after the lesson to assist with clean up.



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### Rider/Walker Release of Liability

I, \_\_\_\_\_, am engaging in horseback riding and  
(Name of Rider)

associated activities at Synergy Stables (232 County Road 537, Colts Neck, NJ 07722), under the supervision of Happy Tails TR LLC and Copper Hill Stables LLC.

I recognize that horseback riding and contact with horses are inherently dangerous activities. I further understand that horses are unpredictable by nature and that I could be injured during the course of horseback riding and/or having contact with a horse or horses.

I hereby assume all risk of injury and the dangers associated with horseback riding and contact with horses. I hereby fully release and hold harmless Synergy Stables, Lauren Sgroi, Happy Tails TR LLC, Copper Hill Stables LLC, additional instructors: Laurie Kelley, Tess Davis, Alyssa Perez, Tara Moore, along with their employees, owners of the horses, agents, board members, trustees, successors, volunteers, and assigns from any and all injuries or losses sustained by me as the result of my engaging in the horseback riding activities and other activities associated with such horseback riding activities. I understand that I MUST WEAR AN APPROVED RIDING HELMET AT ALL TIMES ON THE HORSE. I further understand and acknowledge that I assume all risk of injury related directly or indirectly to failure to wear approved head gear and other appropriate protection as suggested. I agree to conduct myself in a safe and horseman like manner at all times during the ride. I also understand that I cannot hold Lauren Sgroi, Synergy Stables, Copper Hill Stables LLC, or Happy Tails TR LLC, additional instructors: Laurie Kelley, Tess Davis, Alyssa Perez, Tara Moore or any other employees/ volunteers responsible to any injuries sustained while at other farms and/ or competitions.

\*\*\*\*\* I have read and understand without question, this agreement and release of liability contract before having signed below. \*\*\*\*\*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or guardian if named individual is under the age of 18)

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

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

City, State, and ZIP: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Relationship to rider: \_\_\_\_\_

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

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name Printed: \_\_\_\_\_ Witness Title: \_\_\_\_\_



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## Photo Release

\_\_\_\_ I DO      \_\_\_\_ I DO NOT

Consent to and authorize the use and reproduction by Copper Hill Stables and Happy Tails TR LLC, 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 program.

## Barn Rules

- Be on time for your appointment; remember this is your designated time.
- Releases must be signed before anyone may handle or ride any horses.
- Parents and visitors are welcome to observe students during their lesson by sitting in viewing room or at picnic table. Only riders are allowed to enter the indoor/outdoor arena and must announce "door" prior to entry.
- All participants and guests must wear shoes - NO sandals.
- Riders are responsible for their guest(s). All guests are expected to follow the entire barn Rules.
- Absolutely no running, climbing on stalls/gates, shouting, or playing allowed.
- Children MUST be supervised at all times by the person they come with.
- No one is to go into a horse's paddock/stall, without management approval AND supervision.
- Do not pet or feed any horse without first checking with management. Some horses may bite or have feed restrictions.
- **Dogs are not to be brought to the farm, not all horses are ok with dogs.**
- ASTM/SEI hard hats are required at all times when riding.
- No petting of horses in paddocks without permission, some may bite.
- Keep all gates closed and latched.
- All rules and regulations are subject to change.
- Parent or guardian must remain with all riders under the age of 18 unless in a lesson.

I, \_\_\_\_\_, have read and agree to abide by the terms listed above as of this date \_\_\_\_\_. I understand that failure to do so can result in termination of participating in any/ all activities at Happy Tails TR LLC and Copper Hill Stables LLC.



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## Authorization for Emergency Medical Treatment

Please Circle One:    Student                      Staff                      Volunteer

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

Phone: \_\_\_\_\_

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

Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy#: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

\_\_\_\_\_

### In the event of an emergency, contact:

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

Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_

In the event of an 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 Happy Tails TR LLC and Copper Hill Stables LLC 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.



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### Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

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

Print Name: \_\_\_\_\_ (Parent/ Legal Guardian if rider is a minor)

### 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. In the event emergency treatment/aid is required, I wish the following procedures to take place:

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

Print Name: \_\_\_\_\_ (Parent/ Legal Guardian if rider is a minor)

All of the information on this form applies.

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