



NEW HEIGHTS THERAPEUTIC RIDING CENTER
VOLUNTEER REGISTRATION

Date: _____

First Name: _____ Last Name: _____ MI: _____

Date of Birth: _____ Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Name of Parent or Guardian if under 18: _____ Phone: _____

E-mail: _____ Permission to Email: _____

Clubs/Organizations/Church Affiliation: _____

I learned of New Heights through: _____

Experience with people who have a disability: _____

Experience with horses: _____

Emergency Contact Name: _____ Telephone: _____

Tetanus Shot (please circle): Y N Date: _____

Availability for weekly schedule:

Mondays: _____	Thursday: _____
Tuesdays: _____	Friday: _____
Wednesday: _____	Saturday: _____

I would like to: _____ work with riders in the lessons
_____ help with clerical work
_____ help with special events
_____ work with horses
_____ do barn/facility work

I have the following skills I would be willing at times to donate to New Heights:

Volunteer Name: _____

BACKGROUND CHECK INFORMATION

New Heights Therapeutic Riding Center desires to provide the best quality care and environment for all of our riders, their families, volunteers, and staff. Therefore, we will obtain criminal and civil background checks on all staff and volunteers who work with New Heights. Your confidential information will be stored in a locked file. We may call you to provide your social security number.

First Name: _____ Last Name: _____ Middle Name: _____

Street Address: _____

City: _____ Parish: _____

State: _____ Zip code: _____

Driver's License (or ID) #: _____ State Issued: _____

Gender (please circle): Male Female

COVENANT OF VALUES AND ETHICS

New Heights Therapeutic Riding Center was founded to serve the needs of and have a positive impact on our riders. With this as our mission, we have developed the following Covenant for Values and Ethics. This Covenant is part of our Code of Ethics found in the New Heights Therapeutic Riding Center Policies and Procedures Manual.

- I will be conscious of the fact that everything I do, directly or indirectly, has the potential to reflect upon New Heights as a whole
- I will conduct myself at all times with openness, forthrightness, and honesty in dealing with people and organizations, both internally and externally
- I will hold myself to the highest possible standard of conduct reflective of the work that I do, always striving to avoid even the appearance of impropriety
- I will treat everyone with dignity, worth, respect, concern, courtesy, and fairness
- I will respect and comply with all applicable laws and regulations
- I will exercise prudent stewardship of all New Heights resources
- I will avoid all "conflict of interest" relationships with board members, staff, suppliers, those we serve, and other organizations with whom I deal, unless disclosed and approved
- I will accept no gifts or favors which might influence the performance of my responsibilities
- will also adhere to and comply with the defined standards of conduct of my profession

Signature: _____ Date: _____

Volunteer Name: _____

VOLUNTEER COMMITMENT AND CONFIDENTIALITY AGREEMENT

- I understand that as a volunteer of New Heights Therapeutic Riding Center, I may from time to time be exposed to or granted access to highly confidential or proprietary information. Examples of this information are: records of clients, personnel and volunteers; contribution information and financial data. I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning New Heights business, riders, personnel or other volunteers. I further agree that I will not seek to obtain confidential information from a client. As a precaution to protect against disclosure of information, **I will assume ALL information is proprietary in nature and never give out any information regarding clients, staff or volunteers. All such request shall be referred to the Executive Director.**
- My services are donated to New Heights without contemplation of compensation or future employment and given with humanitarian and charitable reasons
- I shall not give evaluative information to the parents or caregivers of clients. I will always discuss my concerns about a client's performance with the instructor or staff person in charge of the activity
- I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on New Heights premises
- I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality
- I shall attempt to resolve any problems related with my volunteer activities with my supervisor, and if unsuccessful, attempt to resolve any such problems with the Executive Director of New Heights
- I shall make my best effort to fulfill my commitment to New Heights by completing all assignments I accept
- I shall at all times uphold the philosophy and standards of New Heights
- I understand that New Heights reserves the right to terminate any volunteer status as a result of:
 - Failure to comply with New Heights rules and procedures
 - Absences without prior notification
 - Unsatisfactory attitude, work or appearance
 - Any other circumstances which, in the judgment of New Heights staff, would make my continued services as a volunteer contrary to the best interests of New Heights

I have read each of the above conditions and I agree to be bound by them.

Signature: _____ Date: _____

Parent/Guardian Signature (If volunteer is under the age of 18): _____

Volunteer Name: _____

LIABILITY RELEASE

I hereby acknowledge that I am choosing to participate in the Equine Therapy Program of New Heights Therapeutic Riding Center. I acknowledge the risks, but feel the benefits are greater than the risks. I hereby waive and release for myself, my heirs, executors, administrators, and assigns New Heights Therapeutic Riding Center, all of its riding personnel, its officers, directors, members, volunteers and all other persons regardless of their capacity who are in any way connected with this horseback riding and related activity, and their representatives, heirs, executors, administrators, successors, and assigns and also all persons regardless of their capacity who are in anyway connected with Patricia Burns Lindgren, Cloghroe Farm, New Orleans Polo Club and David Fennelly and their representatives, heirs, executors, administrators, successors, and assigns, from any and all rights, claims, loss, or liabilities of any kind or nature, including costs and attorneys' fees, that I might have in connection therewith, to the maximum extent allowed pursuant to the laws of Louisiana, including, but not limited to, LA. R. S. 9:2795.1. Furthermore, **I hereby acknowledge that said release will extend to any accidents, damages, or claims arising out of riding caused by my own acts or anyone or any animal within my control.**

Signature: _____

Date _____

SAFETY RULES

- No smoking
- No alcoholic beverages, drugs or other illegal substances may be brought onto the premises
- If you open a door or gate, close it back. If it was locked, lock it back
- Do not pet or feed horses without New Heights staff supervision
- Do not block barn or other parking with vehicles
- All riders must have helmets on when around a horse
- No climbing on fences
- All children must be supervised by an adult at all times when on the premises
- Volunteers should not bring children to class
- Only staff and volunteers trained as horse leaders are allowed in the paddocks

SAFETY RULES AROUND THE HORSES

- No running, shouting or screaming around horses
- Do not duck under the neck of a tied horse. It may startle the horse
- When going around a horse, stay close to the tail and keep your hand on the rump or give wide berth in back of the horse
- Do not kneel around a horse. It's hard to get out of the way quickly. Bend from the waist instead (Remember to bend your knees slightly anytime you bend from the waist.)
- When releasing a horse in the pasture, take it through the gate, shut gate and turn the horse around to face the fence before releasing the lead line
- **If you are new to working around horses and are unsure about anything, always ask for assistance!**

I acknowledge I have read and will abide by the above Safety Rules of New Heights Therapeutic Riding Center.

Signature: _____

Date _____

Volunteer Name: _____

PHOTO RELEASE (OPTIONAL)

I hereby consent to and authorize the use and reproduction by New Heights Therapeutic Riding Center of any and all photographs, film, and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the Equine Therapy Program at New Heights Therapeutic Riding Center. I understand that due to the expense incurred in developing many of New Heights' audiovisual materials, the consent given herein shall be irrevocable once New Heights has relied on this consent in the development of promotional materials. **I also give consent** for my photo to be published on New Heights social media and website pages.

Signature: _____

Date: _____

I do not give consent for New Heights to use my photograph: _____

COVID-19/CORONAVIRUS

With the new world we are living in, New Heights Therapeutic Riding Center is committed to ensuring the safety of our riders and volunteers. We are implementing certain safety guidelines at the recommendations of the Center of Disease Control (CDC), Louisiana Department of Health (LDH) and Professional Association of Therapeutic Horsemanship International (PATH). *Please initial the following.*

_____ **I understand that there is a possibility of contracting COVID-19 despite infection safety control measures taken by New Heights Therapeutic Riding Center**

_____ **I will not hold New Heights liable in the event that the I contract COVID-19 that can be traced back to New Heights Therapeutic Riding Center.**

Volunteers are welcome to wear a mask, but it is not required

Latex gloves are not allowed on New Heights property

Signature: _____

Date: _____