



Athelas Therapeutic Riding, Inc.
1179 County Highway 5
Otego, NY 13825
(607) 783-2321

It is the policy of this organization to provide equal volunteer opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age or disability.

Contact Information:

Name: _____ Age, if less than age 18: _____

Address including street, city and zip code: _____

Telephone(s): home: _____ cell: _____

Email address: _____

Emergency Contact Name: _____ Telephone: _____

Are you attending school, college or a program? () yes, () no - if yes, where: _____

How did you hear about Athelas Therapeutic Riding, Inc.: _____

Areas of interest (check all that apply):

On-site Program volunteer positions: () Work in the stables () Work with horses () Assist during therapy riding lessons () office Please tell us what day(s) and times you are available _____ _____

Board and Committees volunteer positions: () Fundraising () Special Events () Newsletter production

Please tell us about your skills and experiences that support your selected positions. _____

Tell us about other volunteer work or community service work you may have done. _____

Criminal Background: Have you been convicted of a felony? ____ yes ____ no (If “yes” please list the year ____)

A criminal record in and of itself will not disqualify you from being a volunteer with us. Athelas on-site program volunteers work directly alongside our certified PATH Instructors. However, it is our responsibility to have knowledge regarding our volunteer’s background history. We do reserve the right to do Background Screenings if a volunteer position requires more one-on-one interaction with our clients.

References: (Please provide 2 references with one being a professional contact) **No relatives please**

1. Name: _____
Address: _____
Telephone: _____ Email: _____
Best time to reach: _____

2. Name: _____
Address: _____
Telephone: _____ Email: _____
Best time to reach: _____

Agreement and signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal.

Printed name: _____

Signature: _____ Date signed: _____

Comments:

**Please mail paper application to address on page 1 or email electronically to
costelloam7@gmail.com**

*Thank you for completing this application and for your interest in volunteering with Athelas
Therapeutic Riding, Inc.*



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Athelas Therapeutic Riding, Inc. is a not-for-profit organization registered with the New York State Attorney General’s Charities Bureau pursuant to both Article 8 of the Estates, Powers and Trusts Law and Article 7-A of the Executive Law. Athelas Therapeutic Riding, Inc’s Charities Registration Annual Report can be obtained from the State of New York Office of the Attorney General Charities Bureau 120 Broadway, New York, New York 10271

Confidentiality Agreement

Please check level(s) of Participant involvement:

() Board Member, () Program Volunteer, () Sub Contractor

This Confidentiality Agreement (the “Agreement”) is effective as of this day ____ of _____, 20__.

by and between Athelas Therapeutic Riding, Inc (the “Organization”) and

_____ (the “Participant”)

(please print name)

Confidential Information

The Participant recognizes and acknowledges that the Participant has and will have access to confidential and proprietary information of the Organization. “Proprietary Information” shall mean any and all information disclosed to, or otherwise acquired or observed by the Participant from the Organization, its affiliates, directors, officers, contractors and other volunteers relating to the business of the Organization, whether communicated in writing, orally, electronically, photographically, or in recorded or any other form, including information concerning Organization’s business, accounting and unpublished financial information, business plans, client information, information concerning Organization’s volunteers and other information not generally known to the public which, if misused or disclosed, could reasonably be expected to adversely affect the Organization’s business and which the Participant has acquire or obtained by virtue of services performed for the Organization, or which the Participant may acquire or may have acquired knowledge of during the performance of said services.

Non-Disclosure

The Participant covenants and agrees that it shall have the affirmative obligation to:

- (i) Hold the Confidential Information in its strictest of confidence;
- (ii) Not use the Confidential Information for any personal gain or detrimentally to the Organization;
- (iii) Take all steps necessary to protect the Confidential Information from disclosure and to implement internal procedures to guard against such disclosure;
- (iv) Not disclose or make available all or any part of the Confidential Information to any person, firm, corporation, association, or any other entity for any reason or purpose whatsoever, directly or indirectly, unless and until such Confidential Information becomes publicly available other than as a consequence of the breach by the

Participant of his confidentiality obligations hereunder. This section shall survive and continue after any expiration or termination of this Agreement and shall bind Participant.

Indemnification

Participant agrees to indemnify and keep the Organization at all times fully and effectively indemnified in respect of any and all claims, demands, losses, damages, liabilities, costs and or expenses of any kind whatsoever incurred by the Organization which arise out of or in connection with any breach of this Agreement by the Participant.

Notice

Any notice provided for in this Agreement must be in writing and must be either personally delivered, mailed by first class mail (postage prepaid and return receipt requested) or sent by reputable overnight courier service (charges prepaid) at the address indicated below:

To the Organization

Athelas Therapeutic Riding, Inc.

1179 County Highway 5

Otego, NY 13825

To Participant

(please print name)

(Street)

(State)

(Zip code)

Covenants

The parties hereto agree that the covenants, agreements and restrictions (hereinafter "this covenant") contained herein are necessary to protect the business goodwill, interests and proprietary right of the Organization and that the parties hereto have independently discussed and reviewed this Agreement.

The parties below hereto have executed this agreement.

(Signature of Participant)

(Athelas Confidentiality Agreement 2/17/2016)

(Signature of Board Chairperson)



Athelas Therapeutic Riding, Inc.

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Name: _____

I/We are: Participant/Rider Volunteer Student Intern
Please circle one

Release and Hold Harmless Agreement

Please initial each statement below to indicate your acceptance

_____ I/We acknowledge the inherent risks which are involved in riding and working around horses. The risks may include, but are not limited to, damage to personal property, illness, bodily harm, trauma, or death resulting from a fall while riding or being in close proximity to horses.

_____ I/We further understand that both horse and rider can be injured in the normal course of events while riding, riding in a cart, or grooming, interacting with or feeding horses, and therefore agree to indemnify and hold harmless Athelas Therapeutic Riding, Inc. (Athelas), its Board of Directors, Northfield Farms, LLC, its employees, staff and volunteers and further release them from any liability or responsibility for any accident, injury, damage, or death to the Participant and any person accompanying the participant while on the premises of Athelas' contractor Northfield Farm, LLC located at 1179 County Highway 5, Otego, NY 13825.

_____ I/We understand that Athelas will provide protective headgear (equestrian helmet) and it must be worn by all participants when they are *on or near* horses.

Permission for Medical Treatment Agreement

In the event that the Participant or any person accompanying the Participant, volunteer or student intern needs emergency medical attention while at Athelas: (must initial one option below)

_____ I/We give permission for the instructors and staff of Athelas to give emergency first aid if needed.

_____ I/We do not give permission for emergency first aid to be given and understand in choosing this option I/We will hold Athelas harmless. I/We do understand that Athelas will call 911 if they feel the injury warrants it.

Permission for Photo Release Agreement

Athelas occasionally takes photos or videos during therapy lessons or special events and they may be used for educational or promotional purposes. (Must initial one option below)

_____ I/We give permission for photos or videos to be taken.

May we use your name with photos and videos? () yes, () no

_____ I/We do not give permission for photos or videos to be taken.

I/We have read, had the opportunity to ask questions, understand, and agree to the above agreements

Printed name: _____

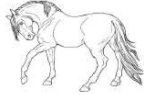
Contact information: Mailing address: _____

_____ Email address: _____

Telephone: Home: _____ Cell: _____

Signature: _____ **Date of signature:** _____

Please immediately notify Athelas in the event of any changes in contact information. Thank you.



Release and Hold Harmless Agreement

Participant's Name: _____

I/We acknowledge the inherent risks which are involved in horseback riding and working around horses. These risks may include, but are not limited to, damage to personal property, illness, bodily harm, trauma or death resulting from a fall or while horseback riding or being in close proximity to horses.

I/We further understand that both horse and rider can be injured in the normal course of events while riding, riding in a cart, handling, or grooming/feeding horses, and therefore agree to indemnify and hold harmless Northfield Farm LLC (NFF) and its employees, staff and volunteers and further release them from an liability or responsibility for an accident, injury, damage, or death to the Participant and any family member or spectator accompanying the Participant while on the premises of the Northfield Farm LLC, 1179 County Highway 5, Otego NY 13825.

Northfield Farm LLC will provide protective headgear (Equestrian Helmet) that must be worn by all riding program Participants, when they are on or near the horses.

MEDICAL TREATMENT PERMISSION

In the event that you or your child needs any emergency medical attention during a riding lesson through Northfield Farm LLC:

I give permission for the staff at NFF, to give emergency medical treatment.

I do not give permission for the staff at NFF, to give emergency medical treatment. I will hold NFF harmless if no medical treatment is given.

PHOTO RELEASE

I give permission to NFF to use an photo or video of myself or my child participating in the NFF horseback riding/camp programs for promotional or educational purposes. I understand that names will not be used.

I do not give permission for photos or videos of myself or my child.

CANCELLATION FEE

I agree to the 24 hour cancellation fee and agree to pay for any lessons missed that were not cancelled 24 hours in advance.

I have read, understand and agree to the above information.

(Self or) Parent/Guardian Signature

Date

(Self or) Parent/Guardian Printed Name and Address:

Home Phone # _____ Cell # _____

E-mail Address _____