



P.O Box 534 Hainesport, NJ 08036-0534 1148 Smithville Rd. Mount Holly N.J 08060
609.969.8899 www.beyondbalance.org

New Volunteer Information

Thank you for your interest in our program. Students of therapeutic horse riding learn basic skills through planned activities with the horse that improve motor skills, self-esteem, concentration and problem-solving abilities. Trained certified Therapeutic Riding instructors work with the students. Along with riding skills they learn about the structure, needs, personality and environment of a horse. They begin to develop sensitivity to the needs of these animals through learning all the activities involved in the grooming, feeding, caring for and riding the horses. In turn the student develops an awareness of his own care, needs and awareness of other animals and people in their environment that applies to everyday living.

Volunteers help to assist with horse care, Leading the horse, and walking along side of the horse to assist the rider.

Your safety and well being is our most important concern. Certain conditions require additional precautions to be taken when on or around horses. Close toed shoes are required; you will not be able to work around the horses with open toed shoes. Proper attire to enable you to help with the horses in the barn and outside in the arena with the students is helpful. In the summer months, you will want to bring water with you and if you are planning on staying all day, a snack, and lots of sunscreen. In the winter months, you will want to wear warm clothing and dress in layers.

Remember, you are working with large animals, and sometimes small children, you will not want to wear dangling earrings, or strong smelling perfume. Wear clothes that you do not mind if they get dirty or smell like a barn.

When you come to Beyond Balance for the first time, you will drive down the driveway until you see double gates, if there is room, pull up to the front of the barn. If there is no room in front of the barn you and pull off to the left of the driveway, so others can still get in and out. **Members of Beyond Balance do not live in the houses that are on the property, they will not be able to answer your questions.** You can proceed to the double gates and a member of Beyond Balance will greet you. **You must call before coming out for your first time.**

We strive to make our classes a fun learning experience for all of our clients. The level of instruction is tailored to the clients' capabilities. There are many different programs offered at Beyond Balance, Inc. As a volunteer, Beyond Balance tries to make it as fun and educational as we can. We will not make you do anything that you do not feel comfortable with if you let us know.

We hope you have a fun rewarding experience with us at Beyond Balance!



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Volunteer Information Form

Please print and complete each item

Name: _____ Date of Birth: ___/___/___ Male Female

Mailing Address: _____ City: _____ State: ___ Zip Code: _____

County: _____ Ethnicity: Asian / Black / Hispanic / White

Telephone: Home: () _____ Work: () _____ Cell: () _____

Fax: () _____ **E-Mail Address:** _____

Name of Employer: _____

Occupation: _____

Caregiver/Guardian Name & Phone #: (if dependent adult) _____

If student, name of school and grade level: _____

How did you hear about Beyond Balance? _____

Please identify any physical/medical or other conditions which might affect your ability to participate as a volunteer: _____

Are you currently First Aid Certified? Yes No CPR Certified? Yes No

Have you completed any first aid/rescue breathing/CPR training? _____

Languages (including sign language): _____

What are your strengths, special talents, or abilities? _____

What are your weaknesses? _____

Indicate the reason you are seeking a volunteer position (check all that apply):

Personal fulfillment School requirement Community service requirement Skill development

Can you walk for 60 minutes and jog for short distances? Yes No

Can you hold your arm above shoulder height and support a modest weight? Yes No

Are you comfortable working or walking around horses/ponies? Yes No

Please specify what type of experience you have had with horses or ponies: _____

Please specify what type of experience you have with children or adults with special needs _____

List your past volunteer activities and the name(s) and telephone numbers of the volunteer supervisor:



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Volunteer Release Forms – please write clearly in ink

UNCONDITIONAL GENERAL RELEASE

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.1997, c. 287 (C.5:15-1 et seq.)

I, _____, a participant, client, volunteer, or student or the legal guardian of a participant, client, volunteer, or student (“Participant”) in a program, event, or activity taking place under the sponsorship of or at the facilities of **BEYOND BALANCE**, (“Beyond Balance”), hereby give consent and approval to the participation of Participant in any and all programs, events, or activities taking place under the sponsorship of or at the facilities of Beyond Balance (“Activities”).

I fully understand that my decision to be a Participant, or to allow such person named above to be a Participant, poses risks of personal injury, property damage, death and/or other loss that may arise while participating in the Activities. I assume all risk and hazards incidental to the conduct of the Activities as well as transportation to and from all Activities.

In consideration of Participant’s being allowed to participate in the Activities, on behalf of Participant, Participant’s heirs, personal or legal representatives, successors and assigns, I hereby irrevocably and unconditionally release, and covenant not to sue Beyond Balance, Morning Mist, Property Owner and each of Beyond Balance and Morning Mist’s owners, directors, officers, employees, agents, independent contractors, representatives, attorneys, successors, and assigns, and all persons acting by, through, under, or in concert with, any of them (collectively “the Releasees”), from any and all claims or causes of action whatsoever, in law or in equity, whether known or unknown at this time, based on any action, cause or thing occurring on, prior to, or following the date hereof, and, in particular, without limiting the generality of the foregoing, all claims arising out of or relating to the Activities, even if such liability or damage results from the sole extreme gross negligence of the Releasees.

I hereby authorize the Releasees to act in their discretion on behalf of Participant in providing, requesting, or authorizing the provision of emergency medical services (“Emergency Services”). I acknowledge full responsibility for any charges associated with the rendering of any and all Emergency Services, and I indemnify the Releasees from any and all claims, expenses, or other charges related to their decision to provide or to not provide Emergency Services.

I understand and agree that this document shall be construed according to the laws of the State of New Jersey, and that this Unconditional General Release shall be as broad and inclusive as is permitted by the laws of the State of New Jersey. If any portion of this document is held to be invalid or of no force or effect, I agree that the balance shall continue in full force and effect.

This Unconditional General Release shall be immediately effective upon its execution.

I HAVE READ AND UNDERSTAND THIS DOCUMENT.

Printed Name of Participant

Signature of Participant or Participant’s Guardian

Printed Name of Participant or Participant’s Guardian

Witness _____



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**EQUINE ACTIVITY AND HOLD HARMLESS AGREEMENT
MORNING MIST FARM SMITHVILLE ROAD, MT HOLLY, NJ**

Please take time to read and sign the following Equine Release and Hold Harmless Agreement in respect to your horse related activities. Please note that this agreement is in accordance with the New Jersey Statute (see Footnote below).

1. I, _____, the undersigned/legal guardian of the undersigned minor have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with **Morning Mist Farm and its owner**, representatives, and consigns, understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).

2. I understand the potential dangers that I could incur in mounting, riding, walking, boarding said horse(s); including but not limited to, any other interaction with other horses, use of tack or equipment. Understanding those risks, I hereby release Morning Mist Farm, the owner of Morning Mist Farm, its representatives and consigns, and anyone else directly or indirectly connected with Morning Mist Farm from any liability whatsoever in the event of injury or damage of any nature (or perhaps death) to me/the minor for whom I am legal guardian or anyone else caused by or incidental to my electing/allowing the minor to use tack or other equipment, mount, and ride a horse located at Morning Mist Farm.

Additionally:

3. I understand and recognize and warrant that this release and Hold Harmless Agreement is being voluntarily and intentionally signed and agreed to and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement may further limit the liability of the instructor to include any activity whatsoever involving an equine including death, personal injury, and/or damage to the property.

4. I recognize and agree that I know which instructor I will be working with, that the relationship between the instructor and the rider/legal guardian of the rider is a personal contract and acknowledge that I agree said instructor has/have made reasonable and prudent efforts to determine my ability to engage in the equine activity and has/have sufficient knowledge of my equine and horseback riding skills as to relieve, release and hold harmless said instructor from continuing duty to monitor my equine activities.

5. I further voluntarily agree and warrant Release and Hold Harmless this instructor from any liability whatsoever, including, but not limited to any incident caused by or related to said instructor's gross negligence, relating to injuries known, unknown, or otherwise herein disclosed; including but not limited to, injuries, death or property damage from: mounting; riding; dismounting; grooming; feeding; use of horse barn, paddock, trails or horse ring, in any capacity; falling off horse whether horse is bucking, flipping, spooked; or my failure to understand any instructor's directions relating to my/the minor's for whom I am legal guardian, riding or otherwise use and control, or lack thereof, of my/the minor's horse or the horse I have/the minor has been assigned to.

***Please indicate with circling the appropriate response whether person/the minor is participant of the Beyond Balance program.

Yes

No

***Please acknowledge with circling 'Yes' that there is no Extraction Plan at Morning Mist Farm other than dialing 9-1-1 for local medical emergency personal. Yes

Person voluntarily entering into this Release and Hold Harmless Agreement

Signature (person or legal guardian) _____ Date _____

Name of Minor _____

Printed name and address (person or legal guardian) _____

Witness _____ Date _____

NJ Statutes 5:15: Under NJ Law, an equestrian area operator is not liable for an injury or death of a particular participant in equine animal activities resulting from the inherent risks of equine animal activities pursuant to P.L. 1997, c. 287 (C.5:15-1 et seq).

Revised 5/7/07



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Authorization for Emergency Medical Treatment

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 Beyond Balance to secure and maintain medical treatment and transportation, if needed.

Volunteer Name: _____ Phone : _____

In case of emergency, Contact : _____ Phone: _____

Physician Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co : _____ Policy # _____

Please check one option listed below:

I give 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. 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 below is unable to be reached.

I do not give 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: _____

Adult Signature: _____ **Date:** _____

CONFIDENTIALITY AND PHOTO RELEASE

I agree that as a Beyond Balance volunteer to respect the privacy of the riders and hold in confidence all information obtained in the course of my volunteer service. I recognize that confidentiality and privacy requirements apply to fellow volunteers and that **all photographs of riders are prohibited**. As a volunteer, I hereby consent to and authorize the use and reproduction by Beyond Balance of any and all photographs and any other audio-visual material taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

Adult Signature

Date



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Personal References (other than a relative)

1. Name: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Years known: _____ Relationship: _____ E-mail: _____

2. Name: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Years known: _____ Relationship: _____ E-mail: _____

Authorization to Release Information

Full Name: _____ Social Security #: ____ - ____ - ____

Contact Person: _____ Telephone Number: _____

Authorization Expiration Date (use only if you do not want records checked after a specific date): _____

I, the undersigned, authorize and consent to any person, firm, organization, or corporation provided a copy (including photocopy or facsimile copy) of this **Authorization to Release Information** by the above stated agency to release and disclose to such agency any and all information or records requested regarding me, including, but not necessarily limited to, my employment records, volunteer experience, military records, criminal information records (if any), and background. I have authorized this information to be released, either in writing or via telephone, in connection with my application for employment or to be a volunteer at the program.

Any person, firm, organization, or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with program guidelines. The authorization expires on the date stated above.

Adult Signature

_____ Date: _____

Witness to Signature _____ Date _____

APPLICANT DISCLOSURE AFFIDAVIT (Please read carefully)

Our program screens prospective employees and volunteers to evaluate whether an applicant poses a risk of harm to the children and youth it serves. Information obtained is not an automatic bar to employment or volunteer work, but is considered in view of all relevant circumstances. This disclosure is required to be completed by applicants for positions in order to be considered. Any falsification, misrepresentation, or incompleteness in this disclosure alone is grounds for disqualification or termination.



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The applicant affirms that **I HAVE NOT** at **ANY TIME** (whether as an adult or juvenile):
Initial answer under "yes" or "no" and provide brief explanation for a "yes" answer

YES NO

Pleaded guilty to (whether or not resulting in a conviction) _____

Pleaded nolo contendere or no contest to _____

Admitted _____

Had any judgment or order rendered against me (whether by default or otherwise) _____

Entered into any settlement of an action or claim of _____

Had any license, certificate, or employment suspended, revoked, terminated, or adversely affected because of _____

Been diagnosed as having or been treated for any mental or emotional condition arising from _____

Resigned under threat of termination of employment or volunteer work for: any allegation, any conduct, matter or thing (irrespective of the formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction) _____

Any Felony _____

Rape or other sexual assault _____

Drug or alcohol related offenses _____

YES NO

Abuse of a minor or child, whether physical or sexual _____

Incest _____

Kidnapping, false imprisonment, or abduction _____

Sexual harassment _____

Sexual conduct with a minor _____

Annoying/molesting a child _____

Lewdness and/or indecent exposure _____

Lewd and lascivious behavior _____

Obscene literature _____

Assault, battery or other offense _____

Endangerment of a child _____

Any misdemeanor or other offense classification involving a minor or to which a minor was a witness _____

Unfitness as a parent or custodian _____

Removing children from a State or concealing children in violation of a law or court order _____

Restrictions or limitations on contact or visitation with children or minors _____

Accusation of any of the above or Similar or related Conduct or Matters Yes _____ No _____

(please use additional paper, sign and attach, if necessary)
Explanations (Descriptions and Dates): _____

The above statements are true and complete to the best of my knowledge.

Applicant's Signature _____ Date: _____

Signature of Parent/Guardian (if under 18 years of age) _____ Date: _____

Witness _____ Date: _____