

NEW VOLUNTEER REGISTRATION PACKET

Thank you for your interest in volunteering at Lovelane!

There are many different ways to help, on a weekly or a fill-in basis:

- In **LESSONS** as a sidewalker or a leader
- In the **BARN** mucking stalls, filling water, cleaning tack & other barn chores
- In the **OFFICE** helping with mailings or other administrative tasks
- At special **EVENTS**

Our lesson program runs year-round and runs in 3 semesters:

- **FALL** - September 1st - January 31st
- **SPRING** - February 1st - June 30th
- **SUMMER** - July 1st - August 31st

Before you can begin volunteering at Lovelane, you must:

- **Complete** and **submit** all required paperwork
- **Set up a meeting** with Lovelane's Volunteer Manager or another designated staff person

Please fill out all necessary forms listed below. Completed forms should be sent to:

Attn: **Lisa Williams, Volunteer Manager**
Lovelane Special Needs Horseback Riding Program
40 Baker Bridge Road, Lincoln, MA 01773
Tel: (781) 259-1177 x26
Fax: (781) 259-4877
Lisa@lovelane.org

- Volunteer Information Form
- Volunteer Interest & Skill Form
- *Criminal Offender Record Information (Cori) Acknowledgement Form
- Release Forms (*including Trail Riding Release & Photo Release Form*)

**All volunteers will be asked to complete a CORI form in the office. As state law mandates, we will need to take a copy or look at your driver's license as well. If you do not have a driver's license, we will need a copy of your social security card AND your birth certificate or passport. Please bring your drivers license, or SSC/Birth certificate with you on your first visit to Lovelane so that a CORI can be processed! Thanks for bearing with us on these state requirements.*

VOLUNTEER INFORMATION FORM

VOLUNTEER INFORMATION

TODAY'S DATE: ____ / ____ / ____

Name: _____ Gender: F M

Home Address: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Best Way to Reach me: Email Phone: C H W

Please Check If: PT OT SLP MA Licensed Riding Instructor PATH Licensed Riding Instructor

School (if applicable): _____ Grade: _____

Emergency contact: _____ Relation: _____ Phone: _____

PARENT/GUARDIAN INFORMATION (if in school)

PARENT/GUARDIAN # 1

Name: _____

Relation: _____

Email: _____

Phone: _____

PARENT/GUARDIAN # 2

Name: _____

Relation: _____

Email: _____

Phone: _____

REGISTRATION OPTIONS (PLEASE MARK THE SEMESTERS YOU ARE AVAILABLE)

FALL: SEPTEMBER 1ST - JANUARY 31ST

SPRING: FEBRUARY 1ST - JUNE 30TH

SUMMER: JULY 1ST - AUGUST 31ST

AVAILABILITY: (PLEASE INDICATE ALL DAYS / SPECIFIC TIMES THAT YOU ARE AVAILABLE TO VOLUNTEER.)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

SCHEDULE PREFERENCE: (CHECK ONE)

I WANT TO BE A **WEEKLY VOLUNTEER** # OF DAYS PER WEEK: _____ # HOURS PER WEEK: _____

I WANT TO BE A **FILL-IN VOLUNTEER**

OTHER:

RELEVANT EXPERIENCE: (OR ANY ADDITIONAL INFORMATION THAT WOULD BE HELPFUL FOR US TO KNOW)

VOLUNTEER INTEREST & SKILL FORM

Lovelane Special Needs Horseback Riding Program is a 501(c)(3) not-for-profit and relies on the generosity of many to carry out our programs. Please consider getting involved. There are many ways to help!

Name: _____ Today's Date: _____ / _____ / _____

BUSINESS INFORMATION:

N/A

Occupation/Title: _____ Employer: _____

Do you have a matching gift program at your company? No Yes:

Are you involved with any foundations or corporate giving programs? No Yes:

Are you involved in any other non-profit organizations? No Yes:

VOLUNTEER OPPORTUNITIES: I am willing to assist in the following areas: (please check all that apply)

Lesson Volunteer:

- Grooming, tacking and leading a horse*
*(significant horse experience & training required)
 Sidewalking a rider

Horse Care Volunteer:

- Stall & paddock cleaning
 Tack cleaning
 General barn chores (sweeping, watering, etc.)

Office Volunteer:

- Computer tasks (data entry, MS office, research, etc.)
 Mailings, filing, organizing

Event Volunteer:

- Event planning Event preparation/clean-up
 Bake/cook Work the day of an event (check-in, sign-up, food or t-shirt sales, etc.)

Committee Involvement:

- I would like to be considered for the Board of Directors
 I would like to be on a sub committee:
 Finance Program Fundraising or Events
 Volunteer PR/Marketing

Fundraising/Development Volunteer:

- Graphic or website design Photography/videography
 Grant writing PTO/Community volunteer activities
 Marketing/Public relations

Business Skills:

- Human resources Finance
 Facility Management Lawyer

Other:

- Landscaping/gardening Other:
 Repairs/carpentry

VOLUNTEER SKILLS:

Do you have any special talents, skills, technical/professional experience or resources that you would be willing to share with Lovelane? Please list:

VOLUNTEER CAPABILITIES:

Lovelane takes the safety of our students, staff and volunteers very seriously. Answering 'No' to any of these questions does NOT necessarily disqualify you from volunteering in some capacity at Lovelane. These questions help us match your skills to our needs. Your answers will be kept confidential.

- Some volunteer positions require you to lift 30 pounds as needed. Can you meet this requirement?
 No Yes
- As a side walker/horse leader you will be required to walk and run on uneven terrain for periods of time, up to 4 hours total in each shift. Can you meet this requirement?
 No Yes
- As a side walker you will be required to lift your arms up and out to the side for short periods of time. Can you meet this requirement?
 No Yes
- Are you able to understand and execute directions given by an instructor during the session?
 No Yes
- Do you have any condition or take any medication that impairs your ability to concentrate for up to 4 hours?
 No Yes
- Do you have any condition or take any medication that can affect your physical coordination/stability or can cause you to unexpectedly lose consciousness?
 No Yes

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

Lovelane Special Needs Horseback Riding Program is registered under the provisions of M.G.L. c. 6 § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees and volunteers.

As a prospective or current employee or volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Lovelane Special Needs Horseback Riding Program to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Lovelane Special Needs Horseback Riding Program written notice of my intent to withdraw consent to a CORI check.

Lovelane Special Needs Horseback Riding Program may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Lovelane Special Needs Horseback Riding Program must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on the Acknowledgement Form is true and accurate.

Signature Date

SUBJECT INFORMATION: (an asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

Maiden Name (or other names by which you have been known) *Date of Birth Place of Birth

*Last six digits of your Social Security number ____ - ____

Sex: ____ Height: ____ft. ____in. Eye color: ____ Race: ____

Driver's license number: ____ State of issue: ____

Mother's full maiden name Father's full name

Current and former addresses:

Street number & name City / town State Zip

Street number & name City / town State Zip

The above information was verified by reviewing the following form(s) of government issued identification:

Verified by: _____
Name of verifying employee (print)

Signature of verifying employee

LOVELANE SPECIAL NEEDS HORSEBACK RIDING PROGRAM, INC. RELEASE AND INDEMNIFICATION

This release and indemnification is made by and between the undersigned participant (the "Participant" including but not limited to students, compensated and non-compensated employees), the undersigned Participant's parents (the "Participant's Parents") and any and all persons and parties now or hereafter having any interest in the charitable organization known as Lovelane Special Needs Horseback Riding Program, Inc., a Massachusetts corporation, together with any and all employees, agents and servants of Lovelane Special Needs Horseback Riding Program, Inc.; any and all sponsors, judges, volunteers, interns, coordinators, officials, benefactors and any other individual or entity having any connection with or relation to Lovelane Special Needs Horseback Riding Program, Inc. (collectively, "Lovelane"). Lovelane provides horseback riding lessons, outdoor activities and volunteer opportunities related to horsemanship and the care and upkeep of horses, other animals and farms to individuals, including but not limited to children with physical, emotional and mental challenges (the "Program"). Lovelane owns, leases, and/or utilizes stable, pasture, indoor and outdoor arenas and related spaces at the properties known as and located at 40 Baker Bridge Road in Lincoln Massachusetts, 9 Cambridge Turnpike in Lincoln Massachusetts and 21 Plain Road in Weston Massachusetts (collectively, the "Farm"; the owners, from time to time, of the properties comprising the Farm are referred to herein collectively as the "Landlord"). Lovelane owns, leases, cares for and/or maintains certain horses used or to be used in connection with the Program (the "Horses"). As used herein, the word "horse" shall include horses and ponies of every kind. The Participant wishes to participate in the Program and ride and work with the Horses at the Farm and/or at such other places as Lovelane conducts its activities, including but not limited to horse shows, clinics, fairs, expositions, schooling sessions and the like conducted away from the Farm. The Participant and the Participant's Parents desire that the Participant have the opportunity to participate in the Program and ride and work with the Horses at the Farm and/or at such other locations as Lovelane conducts its activities. **Lovelane will not permit the Participant to participate in the Program or work with or ride the Horses without the execution of this release and indemnification which is of material significance to Lovelane** The Participant and the Participant's Parents hereby acknowledge and agree that the activities contemplated hereby are "equine activities," that Lovelane and the Landlord are each an "equine professional" and/or an "equine activity sponsor," and the Participant is a "participant" all as defined by Massachusetts General Laws Chapter 128, Section 2D.

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Participant and Participant's Parents agree as follows:

1. **Inherent Risks.** The Participant and Participant's Parents acknowledge and understand that horses and activities related to horses are inherently dangerous and that there are dangers and risks which are an integral part of equine activities. Despite these inherent risks, the Participant has chosen, and Participant's Parents have chosen to allow the Participant, to ride and/or work with and around the Horses (the "Activities").

2. **Participant's Representations.** The Participant and the Participant's Parents have been provided with medical and informational intake forms by Lovelane. The Participant and the Participant's Parents hereby certify that the information contained therein is true and accurate in all respects. Participant and Participant's Parents hereby acknowledge that Lovelane will and may rely on the information disclosed thereby without further inquiry or investigation. If, at any time, the medical, physical, emotional or mental condition of the Participant shall change in any material respect or if any of the information required to be disclosed by such forms shall change in any respect, Participant and Participant's Parents shall immediately notify Lovelane in writing. In no event shall Lovelane be responsible for inquiring into the condition of the Participant's physical, medical, emotional or mental condition or any change in such condition. The Participant represents, warrants, covenants and agrees that he or she will not ride or otherwise use any horse, whether owned by Lovelane, the Participant or another, in any activity or for any purpose if the Participant is unable to safely manage, control and ride such Horse. If, at any time, the Participant or Participant's Parents believe that the Participant is unable to safely manage the Horse, he or she shall immediately dismount the Horse and notify Lovelane.

3. **Equipment.** The Participant and Participant's Parents acknowledge and understand that the equipment used in connection with the Activities, including but not limited to saddles, bridles, bits, brushes, pitchforks, shovels, brushes, combs and hoof picks are each given to wear and tear. The Participant and Participant's Parents agree to use the utmost care at all times while at the Property and to inspect all equipment carefully for evidence of defects or breakage. In the event that the Participant or Participant's Parents locate any defects or breakage in any equipment owned or utilized by Lovelane, he or she shall immediately notify Lovelane. In no event shall Lovelane be held liable for any injury to or death of the Participant caused by any defect in any equipment, whether or not such equipment is owned, utilized and/or provided by Lovelane.

4. **Helmets.** The Participant and Participant's Parents hereby acknowledge that they have been warned of the dangers involved in failing to wear protective headgear and that Lovelane **REQUIRES** that all individuals who are able to do so wear ASTM-SEI approved protective headgear, with chin strap securely fastened, at all times while working with or riding any Horse on the Property. Certain children may not be able to wear an ASTM-SEI approved helmet due to physical limitations. In such cases, pursuant to the guidelines of **Professional Association of Therapeutic Horsemanship International (PATH Intl.)**, the child may wear an alternative helmet. The Participant and the Participant's Parents acknowledge that there are additional risks posed by riding a horse without a helmet approved for horseback riding and specifically agree to indemnify, defend with counsel acceptable to Lovelane and hold Lovelane harmless for any injury or damage resulting, directly or indirectly, from the failure of Participant to wear an approved helmet.

5. **Release**. The Participant and Participant's Parents agree that they shall not hold Lovelane or Landlord liable for any injury to or the death of the Participant or Participant's Parents resulting from or related to his or her involvement in equine activities and/or the Activities. The Participant and Participant's Parents hereby remise, release and forever discharge Lovelane and Landlord for him or herself and his or her heirs, executors and administrators, of and from all manner of actions, cause or causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or at equity, that he or she now has or hereafter can or may have or which his or her heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death of the Participant or the Participant's Parents caused by or in any manner related to equine activities and/or the Activities.

6. **Indemnification**. The Participant and Participant's Parents further indemnify, agree to defend with counsel acceptable to Lovelane and hold Lovelane and Landlord harmless for any injury or damage caused, directly or indirectly, by the Participant or Participant's Parents to any person or the property of any person (including, without limitation, damage to Lovelane, Lovelane's property, the Property and/or any of the Horses), which injury or damage is caused, directly or indirectly, in whole or in part, by the Participant or Participant's Parents. The Participant's Parents hereby acknowledge and agree if the Participant does not have sufficient funds to fully indemnify Lovelane an Landlord, they shall be personally and jointly and severally liable to Lovelane for any such injury or damage.

7. **Consent to Emergency Medical Care**. In the case of any injury or apparent injury to the Participant while at the Property and/or riding the Horses, the Participant and Participant's Parents hereby authorize Lovelane and any agent or employee of Lovelane, to seek medical care and attention for the Participant, including but not limited to arranging for an ambulance to take the Participant to any medical care facility, transporting the Participant to any medical care facility and consenting to treatment, medication and/or surgery for the Participant. The Participant and Participant's Parents acknowledge that they shall be solely responsible for the payment of any medical costs and expenses incurred on behalf of the Participant and hereby indemnify and agree to hold harmless Lovelane for any costs incurred by Lovelane on behalf of the Participant.

8. **Parental Consent and Waiver of Consortium Claims**. The Participant's Parents hereby warrant and represent that they are the parents and lawful guardians of the Participant. The Participant's Parents, by their execution hereof, hereby agree and assent to the terms of this Agreement and execute this contract on behalf of their minor child, the Participant, intending it to be legally binding and fully enforceable against the Participant and themselves. The Participant's Parents, by the execution hereof, further remise, release and forever discharge for themselves and their heirs, executors and administrators, Lovelane and Landlord of and from all manner of actions, cause or causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or at equity, that they now have or hereafter can or may have or which their heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or the death of the Participant, including but not limited to actions for loss of consortium.

9. **Massachusetts Contract**. This Agreement is a Massachusetts contract and shall be interpreted and construed in accordance with the laws of The Commonwealth of Massachusetts, without regard to conflicts of laws principles.

The Participant and Participant's Parents hereby state under the pains and penalties of perjury that they have read this Release and Indemnification in complete detail, that they understand the consequences of executing this Release and Indemnification and that they execute this Release and Indemnification as an instrument under seal, as of the _____ day of _____, 20____. This Release and Indemnification shall be binding upon the Participant and Participant's Parents each and every time the Participant rides or works with the Horses, without the need for re-execution, unless and until revoked in writing by the Participant and the Participant's Parents.

IF PARTICIPANT IS UNDER 18:

Parent/Guardian Signature: _____ Print Name: _____

IF PARTICIPANT IS OVER 18:

Participant Signature: _____ Print Name: _____

WARNING

UNDER MASSACHUSETTS LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 2D OF CHAPTER 128 OF THE GENERAL LAWS.

Participant Name: _____ Date: _____

TRAIL RIDING RELEASE

In addition to riding lessons conducted within the indoor and outdoor arenas, and horsemanship lessons taught at various locations, Lovelane periodically takes students for mounted trail rides on the properties located near the Property (the "Trails"). The Trails are not maintained by Lovelane and Lovelane does not have control over their condition. Lovelane has not undertaken to inspect the Trails for hazards which may exist on the Trails. In addition, the Horses may behave differently when being ridden on the Trails, such as being more prone to tripping or spooking. The Participant's Parents may elect to allow the Participant to ride on the Trails or may withhold such consent. The granting or withholding of consent will not otherwise affect the Participant's participation in the program and is completely voluntary. If the Participant's Parents elect to permit the Participant to ride on the trails, the Participant and the Participant's Parents specifically agree to hold Lovelane and Landlord harmless from any injury or death arising from the conditions of the Trails.

We DO -OR- DO NOT authorize Lovelane to take the Participant horseback riding on the Trails.

IF PARTICIPANT IS UNDER 18:

Parent/Guardian Signature: _____ Print Name: _____

IF PARTICIPANT IS OVER 18:

Participant Signature: _____ Print Name: _____

RELEASE FOR USE OF PHOTOS AND LIKENESS

I hereby knowingly and voluntarily consent to the use and publication, without prior notice or compensation, of my name, likeness, voice, and/or participation, whether or not edited, retouched, or otherwise modified, by Lovelane Special Needs Horseback Riding Program, Inc. ("Lovelane"), its employees, officers, directors, agents, and any other person or entity acting on Lovelane's behalf, for any and all purposes including, but not limited to, educational, promotional, advertising, informational, fundraising and commercial purposes, through any medium or format, including, but not limited to, photograph, videotape, audiotape, film, television, radio, internet, digital, printed material or presentation, at any time from this date forward. I further waive any claims against Lovelane, its employees, officers, directors, agents, and any other person or entity acting on Lovelane's behalf, based upon or related to the use or publication of my name, likeness, voice, and/or participation.

I have read and understood the terms of this release and hereby acknowledge that I am providing this release knowingly and voluntarily. I further acknowledge that I have been given sufficient consideration for this release. I understand that I may only revoke this release by giving written notice to the individual listed below.

IF PARTICIPANT IS UNDER 18:

Parent/Guardian Signature: _____ Print Name: _____

IF PARTICIPANT IS OVER 18:

Participant Signature: _____ Print Name: _____

No, I do not give permission as stated above.

Signature: _____ Print Name: _____