Therapeutic Riding Center

14674 S. HWY 169 Oologah, Ok 74053

(918) 371-1750

FAX: (918) 371-1930

# Volunteer Application

Last Name: _____ First Name: _____ Date: _____

Email Address: _____Cell Number:_____

Physical Address or P.O. Box: _____

City: _____ State: _____ Zip code: _____

Date of Birth: _____ Drivers License Number: _____

For grant writing purposes please share your race: Select all that apply

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Hispanic or Latino

☐ Middle Eastern or North African (MENA)

☐ Native Hawaiian or Pacific Islander

☐ White or Caucasian

☐ Prefer not to answer

Are you a registered member of an American Indian or Alaskan Native tribe or nation?

Yes ☐ Or No ☐ If yes which tribe _____

Emergency Contact:

Name: _____ Relation: _____

Phone: _____

Name: _____ Relation: _____

Phone: _____

Do you have any medical issues we need to be aware of? If so, please list medical conditions and any medication taken._____

**Emergency Medical Consent or Non-consent:**

In the case of medical emergency, the undersigned authorizes BIT BY BIT to provide such medical assistance as they determine to be necessary.

The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization including anesthetic, which they determine necessary or advisable, pending receipt of a special consent form from the undersigned.
Activities will be supervised and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations concerned, including BIT BY BIT.

☐ I Consent

☐ I DO NOT Consent

Have you ever been charged with or convicted of a crime? Yes ☐ Or No ☐

If Yes, Please explain

_____

_____

**Criminal Background Investigation Release:**

I hereby authorize BIT BY BIT to receive information from federal, state and local law enforcement agencies, courts, and offender registries, and/or private investigative agencies, regarding any charge or conviction for a felony or misdemeanor offense. I agree to provide BIT BY BIT all information required to properly identify me for this specific purpose, including but not limited to current and previous residential addresses, social security
number, and drivers' license number.

☐ I agree

**Photo Release**:

I hereby consent to and authorize the taking, use and reproduction of any and all photographs, video and other audiovisual materials procured by Bit by Bit for use in promotional, printed or electronic materials, educational activities or any other use for the benefit of the program.

☐ I Consent

☐ I DO NOT Consent

**Confidentiality Agreement:**

Bit by Bit is designed to provide a valuable activity for individuals with diverse needs. Because of the nature of our service, we request information regarding the health and behavior of our clients that may be of a sensitive nature. We value each client's right to privacy and are committed to preserving the confidentiality of information provided to us -- balanced by our staff and volunteers' need to plan appropriate activities and protect the safety of our riders.

Bit by Bit goes to great lengths not to divulge any information about any client to anyone other than volunteers and instructors directly involved with that client unless given explicit permission to do so. As a volunteer/staff member at BIT BY BIT I understand the importance of the above Confidentiality Policy and agree to abide by its intent. I also agree to respect the privacy of all clients and not discuss any aspect of a client's disability, behavior or health with anyone outside of BIT BY BIT professionals involved with that client (i.e. instructors, program coordinators or the director) or the parent/guardian of that client.

☐ I agree

**Volunteer Liability Release:**

I hereby acknowledge the inherent, foreseeable, and unforeseeable risks of working with horses and activities involving such animals. In recognition thereof, and for and in consideration of the opportunity to work/participate as a volunteer at BIT BY BIT, I hereby for myself and for my heirs, executors, administrators, successors and assigns, release, acquit, hold harmless, and forever discharge BIT BY BIT and its directors, employees, volunteers, landlords/landowners and/or agents, from any and all liability, claims, losses, actions, suits, causes of action, demands, rights, damages, costs, expenses, fees and/or compensation of any type, description or character whatsoever, which may accrue on account of his/her participation as a volunteer at BIT BY BIT. By executing this agreement, it is my intention to assume all risk of bodily injury, death, or property damage occurring as a result of my participation as a volunteer at BIT BY BIT.

☐ I agree

Signature: _____ Date: _____

Are you under 18 years of age? Yes ☐ Or No ☐

If yes, please have parent or guardian signature below.

Parent or guardian Signature: _____ Date: _____