



Equestrian Center
14674 S. HWY 169
Oologah, Ok 74053
(918) 371-1750
FAX: (918) 371-1930

Making strides for those with special needs

Volunteer Information Form and Health History

General information

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Phone: (H) _____ (W) _____

Employer/School: _____

Address: _____

Parent/Legal Guardian/Caregiver Name /Address/Phone number: _____

How did you learn about the program? _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan

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 _____ Bit By Bit _____ to:

(Center's Name)

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

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(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian

Allergies that may effect treatment: _____



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Non-Consent Plan

I do not give my 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.

Parent or legal guardian will remain on site at all times during equine assisted activities

Date: _____ Non-Consent Signature: _____

Photo Release

I DO

DO NOT

consent to and authorize the use and reproduction by Bit By Bit of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the center.

Signature: _____ Date: _____

Background Information

Have you ever been charged with or convicted of a crime? Y N; please explain

_____, I, _____ (volunteer), authorize Bit By Bit to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals. I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize the PATH Int'l center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____

(volunteer)

CURRENT DRIVER'S LICENSE Y N LICENSE NUMBER _____ STATE _____



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Volunteer Service Agreement Background Authorization

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Name: Last _____ First _____ Middle Initial _____ Maiden _____

Social Security Number _____ DOB _____ Sex _____ Race _____

Have you ever pled guilty to a crime? ___Yes ___No

Have you ever been convicted of a crime? ___Yes ___No

Have you ever pled no contest or had adjudication withheld on any criminal charge? ___Yes ___No

Do you have any criminal charges pending? (Excluding minor traffic violations) ___Yes ___No

If yes to any of the above questions, please give details, dates, places and dispositions of any convictions:

Have you ever been a defendant in a civil action for intentional tort? ___Yes ___No

If yes, please explain nature and disposition of action:

Please list current address:

Previous Address:

Home Phone: _____

I agree to conform to the rules and goals of Bit By Bit Therapeutic Riding Center, Inc.

Signature: _____ Date: _____



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Confidentiality Agreement: I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program. I understand that all information (written and verbal) about participants at this PATH Int'l center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____ Date: _____

Volunteer Service Agreement and Release

I understand and agree that my volunteer service is in no way an offer of or employment by Bit by Bit Therapeutic Riding Center, Inc. and that I shall not receive nor be entitled to receive any compensation, reimbursement or remuneration for my participation in my volunteer service. I further agree to release Bit by Bit Therapeutic Riding Center, Inc. from any and all claims to compensation, reimbursement or remuneration related to my volunteer service. I also understand and agree that at no time will I be considered or deemed to be an agent, servant or employee of the therapeutic center.

I understand that I will be volunteering at a therapeutic center for those with special needs and I therefore agree to act appropriately and in a professional, courteous manner during my volunteer service. I understand that Bit by Bit may terminate my volunteer service at any time, with or without cause.

I understand that during my volunteer service, I may have access to, or may observe, certain information that is proprietary to Bit by Bit and its clients and I agree not to disclose, discuss or reveal any such information to parties outside Bit by Bit and to keep any Bit by Bit records or files, confidential.

In consideration of my being allowed to participate in volunteer service, I agree to release, indemnify and hold harmless the Board of Directors of Bit by Bit Therapeutic Riding Center, Inc. or Rogers State University Foundation, including its present and former Board, Bit by Bit's officers, directors, employees and agents and Participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or arising out of my participation in the volunteer service, whether caused by negligence, action or inaction of Bit by Bit persons acting on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that I inflict upon any person or upon Bit by Bit facilities during my participation in the volunteer service.

I understand that as a Bit by Bit volunteer, Bit by Bit does not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by me. Further, I understand that I am not entitled to employee benefits as a result of my Bit by Bit affiliation.

I understand that this release is intended to be as broad and inclusive as is permitted by the laws of the State of Oklahoma.

I have read and understood this Volunteer Service agreement and Release and do voluntarily sign said document of my own accord and as a condition of being allowed to participate with my volunteer service. Further, by signing this agreement I attest to the fact that I am eighteen years of age or older. If not, my guardian or parent's signature is required to allow me to be a volunteer participant at Bit by Bit therapeutic Riding Center, Inc.

Print Name: _____ Participant Signature: _____

Parent/Guardian Signature: _____ Date: _____