SAVANNAH STATION
THERAPEUTIC RIDING PROGRAM

Savannah Station TRP
13420 Frisco Rd
Yukon, OK 73099
Office Phone: 580-303-2028
volunteers@savannahstation.org

Volunteer Application

Minimum age to volunteer: 14
Please Print

Name: _____ **Date:** _____

Address: _____**City:**_____**State:**_____**Zip:**_____

Mobile: _____ **Email:** _____

Preferred communication method: Phone Text Email

DOB: _____ **Employer/School:** _____

CPR/First Aid Certification: Yes No *If yes, please attach a copy of certification.*

If Minor – Parent/Legal Guardian Name: _____

Cell: _____ **Email:** _____

How did you learn about Savannah Station? _____

Relevant Education, Training, Skills, Hobbies, and/or Experiences: _____

_____

Day(s) Available: _____ Morning Afternoon Evening

Areas of Interest: Arena Classes: Horse Leader / Sidewalker Grounds Feed Team (18+)

Volunteer Recruitment Fundraising Barn Help Marketing Grant Writing Photography

Social Media Office Work Special Projects Facility Maintenance Carpenter/Handyman

Horse Show Event Planning

For grant purposes, please circle all that apply (optional):

Male Female Active Duty Veteran First Responder Ethnicity/Race: _____

Health History: Please describe your current health status, particularly regarding the physical/emotional demand of working in an equine-assisted program. Address fitness, stamina, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes.

_____

_____

Allergies: _____

Medications: _____

Recent Medical Tests: _____

Emergency Contact: (PATH Standard A11)

Name: _____ **Mobile:** _____ **Relationship:** _____

Background Information (18 years and older):

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

If yes, please explain: _____

I, _____, authorize Savannah Station Therapeutic Riding Program 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 a volunteer, and I expressly DO NOT authorize Savannah Station Therapeutic Riding Program, 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:** _____

Social Security #: _____**DOB:**_____

There is a $10 fee for background checks*. Payment can be made with check, cash, or via our website.*

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 as a volunteer in the Savannah Station Therapeutic Riding Program.

Signature: _____ **Date:** _____

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Liability Release

I acknowledge the risks and potential for risks of working with and or being around horses/horseback riding. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Savannah Station Therapeutic Riding Program, their Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses that I/my child/my ward may sustain while participating with the Savannah Station Therapeutic Riding Program.

Signature: _____ Date: _____
(PATH Mandatory Standard A14)

Confidentiality Agreement

I understand that all information, written and verbal, about participants at Savannah Station Therapeutic Riding Program is confidential and will not be shared with anyone without the express written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____ Date: _____
(PATH Standard A22)

Photo Release

I DO / DO NOT consent to and authorize the use and reproduction by Savannah Station Therapeutic Riding Program of any and all photographs and any other audio/visual materials taken of me, my minor child or my ward for promotional purposes, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
(PATH Standard A15)