

Mailing:
P.O. Box 852084
Yukon, OK 73085

SAVANNAH STATION THERAPEUTIC RIDING PROGRAM

Physical:
9304 N. U.S. Hwy 81
El Reno, OK 73036

VOLUNTEER APPLICATION

General Information: Please Print Legibly

Name: _____ Date: _____

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

Email: _____

Date of Birth: _____ Ethnicity: _____

Ph: (H) _____ Ph: (W) _____ Ph: (C) _____

Employer/School: _____

Parent/ Legal Guardian Name and Address (if Minor): _____

How did you learn about the program? _____

Circle the areas in which you are interested:

Program

Special Events

Administration

Horse Handling

Horse Show

Public Relations

Sidewalking with a Student

Fundraising

Grant Writing

Stable Management

Concession Stand

Budget & Finance

Facility Maintenance/ Repairs

Event Planning

Photography/Video

Relevant Education, Training, Skills, and/or Experience to Volunteer for Savannah Station:

Are you certified in CPR/First Aid? Yes No * Please attach a copy of your current certification.

Please list times available for each day (if possible):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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VOLUNTEER HEALTH HISTORY, CONFIDENTIALITY AGREEMENT, AND LIABILITY RELEASE

Health History

Please describe your current health status particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalization/surgeries, or lifestyle changes.

Allergies: _____

Medications: _____

Recent Medical Tests: _____ Last Tetanus Shot: _____ Tuberculosis Test + - Date: _____

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 the Savannah Station Therapeutic Riding Program.

Signature: _____ Date: _____

Emergency Contact:

Name: _____ Relationship: _____ Ph: _____

Name: _____ Relationship: _____ Ph: _____

(PATH Standard A 11)

Liability Release

_____(volunteer) would like to participate in the Savannah Station Therapeutic Riding Program. I acknowledge the risks and potential for risks of working with horses/horseback riding. However, I feel that the possible benefits to myself/my child/my ward are greater than the risk assumed. 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 and Redlands Community College, their Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in the Savannah Station Therapeutic Riding Program.

Signature _____ Date _____

(PATH Standard A14)

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CONFIDENTIALITY AGREEMENT, PHOTO RELEASE, BACKGROUND CHECK

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

Please circle one: I DO I 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 for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature _____ Date _____

(PATH Standard A15)

Background Information:

Have you ever been charged with or convicted of a crime? Y N Please Explain: _____

I, _____ (volunteer), authorize Savannah Station Therapeutic Riding Program to receive information from any law enforcement agency, including police departments and sheriff's department, of this state and of 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.

I understand that such access is for the purpose of considering my application as an volunteer, and that 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 No. _____ Date of Birth: _____

Driver License No. _____ State of Issue: _____

There is a \$5 fee for Background Checks.

Please make checks payable to Savannah Station Therapeutic Riding Program.