



Savannah Station TRP  
P. O. Box 852084  
Yukon, OK 73085  
(405) 422-6239  
info@savannahstation.org

## Volunteer Application

*Minimum age to volunteer: 14*  
*Please Print*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Employer/School: \_\_\_\_\_

CPR/First Aid Certification:    Yes    No    *If yes, please attach 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:**    Feed Team    Horse Leader    Sidewalker    Stall Cleaning    Special Events

Volunteer Recruitment    Fundraising    Board    Public Relations    Grant Writing    Photography

Other: \_\_\_\_\_

**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: \_\_\_\_\_ Last Tetanus Shot: \_\_\_\_\_ Tuberculosis Test: + - Date: \_\_\_\_\_

**Emergency Contact:** (PATH Standard A11)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

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: \_\_\_\_\_

**Background Information:**

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:** \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

*There is a \$5 fee for Background Checks. Please make checks payable to Savannah Station TRP.*



### **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 and Redlands Community College, 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 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)