

# TRI Volunteer Application 2019



Please print legibly

Date: \_\_\_\_\_ Birthday: \_\_\_\_\_ Height: \_\_\_\_\_

Month Day Year

Name: \_\_\_\_\_  
Last First Middle

Prefix: Mr. Mrs. Ms. Miss. Dr. Email: \_\_\_\_\_  
(Circle one)

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: Cell \_\_\_\_\_

Preferred Method of Contact: Call Text Email Snail Mail

Employer or School: \_\_\_\_\_ Title/Department: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name  
(If Volunteer is under 18 years old)

\_\_\_\_\_  
Parent/Guardian Phone Number

**\*\* PATH Intl and TRI mandates that Volunteers be at least 14 years old \*\***

**Experienced Horseperson:**  Yes  No

Please describe your experience including number of years riding, discipline and whether or not you are currently actively riding.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FOR TRI STAFF USE

<input type="checkbox"/> Background Check Consent	Pass Fail	<input type="checkbox"/> Referrals Checked
<input type="checkbox"/> Emergency Medical Consent	Yes No S	<input type="checkbox"/> Attended SH Training _____
<input type="checkbox"/> Statement of Understanding	S	<input type="checkbox"/> LGL Entry _____ Date
<input type="checkbox"/> FineLine Liability Release		<input type="checkbox"/> Constant Contacts Entry
<input type="checkbox"/> Photography Release Consent	Yes No S	<input type="checkbox"/> Gmail Entry- Volunteer
<input type="checkbox"/> Confidentiality Agreement		<input type="checkbox"/> Thank You Email
<input type="checkbox"/> Social Media Policy		
<input type="checkbox"/> Sub List	Yes No	

**Please bring the completed Volunteer Application to the Side Helper Training.**

**Questions may be addressed to:**

Therapeutic Riding Institute, Inc.

7542 McEwen Rd \* Centerville, OH \* 45459

Singersoll@TRIOhio.org / 937-619-7577



# Volunteer Availability

Updated  
Annually 2019

Name: \_\_\_\_\_  
Last First Middle

## Please indicate the hours you are *available* to volunteer below.

Begin with the time you can be physically at the barn and end with the time that you need to leave the barn. You will only be scheduled for 1 day (about 2.5 hours) unless you express here that you would like to do more.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Example:	11am – 2pm	5pm – 9pm	None	None	6-9pm	8am – 2pm	None

### I am interested in working the following sessions:

- SESSION 1  
3/16 - 5/16
- SESSION 2  
6/1 - 6/27
- SESSION 3  
7/22 – 9/21
- Session 4  
10/10 - 12/12

I would like my name to be added to the Sub List for the available days listed: Yes No

The TRI Sub list is an option for volunteers who are unable to participate in a full session but wouldn't mind being called if a volunteer was unable to make their shift and be asked to fill in.

### I am interested in the following volunteer opportunities:

- Fall Horse Show 10/5
- Community Events
- FriendRaiser – TRI's largest fundraiser
- Office/Administrative



# Consent For Background Check & References 2019

TRI Volunteers work directly with our students.

It is therefore important to TRI that our volunteers are properly screened.

We appreciate your cooperation with this new policy as we continue to make improvements to our programming.

Volunteer Name: \_\_\_\_\_  
Last First Middle

Have you ever been charged with or convicted of a crime other than minor traffic violations? Yes \_\_\_ No \_\_\_ .  
If yes, please give place, date, and charge:

\_\_\_\_\_

(Please note: a conviction record will not necessarily disqualify an applicant.  
It will be considered as it relates to the specifics of the position for which you are applying.)

**It is our intent to provide equal opportunity to all TRI Volunteers in all terms, privileges, and conditions without regard to race, gender, religion, national origin, disability, sexual orientation or any other factor.**

### Authorization for Background Check

I, \_\_\_\_\_ (Volunteer), authorize the Therapeutic Riding Institute, Inc. 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.

By signing this application, I affirm that the facts set forth in it are true, accurate and complete. I understand that a comprehensive background check will be conducted prior to my volunteering with TRI. I understand that if I am accepted as a TRI Volunteer, any false statements, omissions or other misrepresentations made by me on this application and/or other official documents may result in my immediate disqualification and/or dismissal. I understand that I am making a volunteer service commitment to TRI. If appointed, I agree to read the Volunteer Handbook, complete all training required, and fulfill the assignments to which I have committed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Maiden Name if Applicable \_\_\_\_\_

Current Address/Number of Years \_\_\_\_\_

Previous Address/Number of Years \_\_\_\_\_

Current Driver's License ( Y / N ) License Number: \_\_\_\_\_ State: \_\_\_\_\_

**For Minors:** I represent to TRI that I am the parent or guardian of the Applicant whose signature appears above. On behalf of the Applicant, I agree to and accept all of the provisions of the foregoing Consent for Background Check. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# References

## 2019

*Please list 2 non-family references whom we can contact.*

Volunteer Name: \_\_\_\_\_  
Last First Middle

### 1<sup>st</sup> Reference

Name: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

### 2<sup>nd</sup> Reference

Name: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

### **How Did You Hear About TRI?**

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### FOR TRI STAFF USE

#### Background Check:

##### **OHIO:**

- MRDD Abuser Registry
- Sex Offender Registry
- Dept of Rehabilitation & Corrections
- Nurse Aide Registry

##### **NATIONAL:**

- OIG – Dept of Health & Human Services
- Sex Offender Registry (NSOPW)
- SAM

#### NOTES:



# Consent for Emergency Medical Treatment 2019

**Volunteer Name:** \_\_\_\_\_  
Last First Middle

**Parent/Guardian:** \_\_\_\_\_  
(if under 18) Last First Middle

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Work: \_\_\_\_\_

### Emergency Contact

In case of emergency notify: \_\_\_\_\_ Phone \_\_\_\_\_  
Name/Relationship

\_\_\_\_\_ Phone \_\_\_\_\_  
Name/Relationship

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Describe any medical condition requiring special precautions or treatment and any medications and dosage:

\_\_\_\_\_  
\_\_\_\_\_

Please list all known allergies: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### Consent for Emergency Medical Treatment

I, \_\_\_\_\_ (Volunteer), am over 18 years of age and fully competent to sign this Emergency Medical Form, which I have read and understand, or, if under age, Volunteer has obtained the signature of his/her parent/guardian, who, by such signature, represents he/she has read and understands this form.

In case of medical emergency or necessity, "Volunteer" authorizes TRI to seek or provide for Volunteer such medical assistance as may be necessary or advisable and further authorizes TRI to seek the assistance of any physician or medical facility to provide any medical/surgical care, including, but not limited to, hospitalization, with such treatment to include anesthesia as necessary or advisable, that the physician or medical facility deems or determines to be necessary or advisable, pending receipt by the physician or medical facility of any other consent to treatment from or on behalf of Volunteer.

Volunteer understands that NO LIABILITY can be accepted by any of the organizations concerned, including TRI, in the event such accident may occur. In the event any provision of this form is determined to be unenforceable, all other provisions shall remain in full force and effect.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under 18)



# Statement of Understanding, Authorization Release and Indemnity 2019

\_\_\_\_\_ (Volunteer's Name) would like to participate at The Therapeutic Riding Institute Inc. Center. I acknowledge the risks and potential for risks of Equine Assisted Activities and Therapies. However, I feel that the possible benefits to myself/ my son/ my daughter/ 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 any potential claims for damages against the Therapeutic Riding Institute, Inc. In return for the opportunity to participate in the TRI program, I hereby forever release, acquit and discharge TRI and its officers, directors, trustees, agents, employees, representatives, volunteers, affiliates, successors and assigns (collectively the "Released and Indemnified Parties") from any and all claims, demands and causes of action of any and every kind or nature, including those caused in whole or in part by the negligence of any of the Released and Indemnified Parties, which I may now or in the future have against any or all of the released and Indemnified Parties and that arise in whole or in part as a result of my involvement with TRI. I also understand and agree that TRI assumes no liability for accidents or acts of negligence or gross negligence by anyone, including the Released and Indemnified Parties.

I further agree to fully indemnify and defend any of the Released and Indemnified Parties against any and all claims, demands or causes of action of any and every kind or nature (including attorney's fees and other defense costs), including those caused in whole or in part by the negligence of any or all of the Released and Indemnified Parties, which directly or indirectly relate to personal injuries or property damages sustained by me and that arise in whole or in part as a unenforceable, all other provisions shall remain in full force and effect.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Minors:** I represent to TRI that I am the parent or guardian of the Applicant whose signature appears above. On behalf of the Applicant, I agree to and accept all of the provisions of the foregoing Consent for Criminal Background Check. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Ohio Statement of Inherent Risks:

Inherent risk of an "equine activity" means a danger or condition that is an integral part of an equine activity, including, but not limited to, any of the following:

- A. The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
- B. The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- C. Hazards, including, but not limited to, surface or subsurface conditions;
- D. Collision with another equine, another animal, a person, or an object;
- E. The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Minors:** I represent to TRI that I am the parent or guardian of the Applicant whose signature appears above. On behalf of the Applicant, I agree to and accept all of the provisions of the foregoing Consent for Criminal Background Check. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# Photo Release, Confidentiality Contract & Social Media Policy 2019

## Photo Release

I DO

I DO NOT

consent to and authorize the use and reproduction by TRI of any and all photographs and any audio-visual materials taken of me for promotional material, educational activities, exhibitions and digital displays or for any other use for the benefit of the program. With respect to the foregoing matters, no inducements or promises have been made to secure this signature to this release other than the intention of TRI to use, or cause to be used, such photographs, films, and pictures for the primary purpose of promoting TRI and its work.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Minors:** I represent to TRI that I am the parent or guardian of the Applicant whose signature appears above. On behalf of the Applicant, I agree to and accept all of the provisions of the foregoing Photo Release. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## TRI Confidentiality Contract

As a TRI volunteer, I understand that any information regarding a student and the student's family is to remain confidential. This refers the student's progress as well as personal information. In addition, I will immediately report to the instructor/program director any sensitive information relayed to me concerning the student(s).

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Minors:** I represent to TRI that I am the parent or guardian of the Applicant whose signature appears above. On behalf of the Applicant, I agree to and accept all of the provisions of the foregoing Confidentiality Contract. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Social Media Policy

In the area of social media (print, broadcast, digital and online), the following guidelines apply in the use of social media for our volunteers:

1. Should you decide to create a personal blog or website, be sure to provide a clear disclaimer that the views expressed in the blog are the author's alone and do not represent the views of Therapeutic Riding Institute, Inc.
2. All information published on any volunteer blog should comply with TRI's confidentiality policy. This also applies to comments posted on other social networking sites, blogs and forums.
3. Your online presence can reflect on TRI. Be aware that your comments, posts or actions captured via digital or film images can affect the image of TRI.
4. Do not use any TRI logos or trademarks without written consent.

I hereby confirm that I have read and understand the Social Media policy of the Therapeutic Riding Institute, Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Minors:** I represent to TRI that I am the parent or guardian of the Applicant whose signature appears above. On behalf of the Applicant, I agree to and accept all of the provisions of the foregoing Confidentiality Contract. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_