



To schedule a volunteer orientation: (954) 802-8874

Volunteer Information Form and Health History (1)

General Information

Name: _____ Date: ___/___/___

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

Employer/School: _____

Work Address: _____

Date of Birth: ___/___/___ Home Phone# _____ Work # _____

Emergency Contact Name and Address: _____

How did you learn about the program? _____

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

(Consult your physician or local health department if you are not up to date with these tests/shots)

Health History

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

Allergies:

Medications:

Check which areas you are interested in:

Program

- Horse Handling
- Side walking w/Student
- Stable Management
- Facility Repairs

Special Events

- Horse Show
- Fundraising
- Special Olympics
- Trail Rides

Administration

- Public Relations
- Grant Writing
- Newsletter
- Volunteer Recruitment

- Photography/Video
- Budget & Finance
- Future Planning

I declare 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.

Signature: _____

Date: ___/___/___

(Volunteer/Staff: Signed in presence of center staff)



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Volunteer Information Form and Health History (2)

Name: _____

Address: _____

Phone: _____ Date Of Birth: _____

Photo Release:

I Do Do Not

consent to and authorize the use and reproduction by Bit-By-Bit Therapy 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: __/__/__

(volunteer/staff)

Background Information:

Have you ever been charged with or convicted of a crime? YES NO

If YES – Explain

I (volunteer/staff name) _____ authorize Bit-By-Bit to receive information from any law enforcement agency, including police and sheriff 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.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly DO NOT authorize Bit-By-Bit, 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/staff)

CURRENT DRIVER'S LICENSE [Y] [N] LICENSE NUMBER: _____ STATE: _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants in this NARHA center 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: __/__/__

(volunteer/staff)



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Bit-By-Bit Therapeutic Riding Center

Equine Professional Release

KNOW ALL MEN by these PRESENTS, that

_____ (*Write name*) who resides at _____ (*write address*) (hereinafter referred to as "participant), desires to engage in and hereby does engage in the services of Bit-By-Bit, Inc., and all of its, EMPLOYEES, Trainers, therapists, instructors, volunteers, board of directors, the owners/leassors of any/all barns/facilities and their employees, city of Pompano Beach, and others (hereinafter referred to as "EQUINE PROFESSIONAL"), LOCATED AT : **Mailing address:** 515 NE 12th Ave, Fort Lauderdale, FL 33301 and **Wattland Barn:** 8000 NW 84th Ave, Parkland, FL 33067 and **Sand and Spurs Equestrian Park:** 1600 NE 5 Avenue, Pompano Beach, FL 33060, and **Horse Tales Ranch:** 2995 SW 121 Street, Davie, FL 33330 to instruct the participant in recreational riding, riding lessons, therapeutic riding lessons, camp, hippotherapy, equine care and management, horse shows, trail riding, transportation and any other farm sponsored, charitable activity, volunteer activity or equine activity.

FOR AND IN CONSIDERATION OF THE ABOVE SERVICES, Participant hereby does and forever and finally release, remise, acquit, satisfy and forever discharge, the owner and/or manager of those premises, and city and/or governmental body, and Bit-By-Bit, Inc., and all of its, actions, cause and causes of actions, debts, dues, suit, sums of money, bonds, billings, contracts, controversies, agreement, promises, damages, variances, judgments, executions, claims, and demands whatsoever, in law or in equity, which may arise or might in the future arise or hereinafter may arise for or against the Equine Professional for the services as stated above.

This document is meant to be a full and complete release from all and any liability that may arise from any and all liability that may arise from instructing the participant on how to properly ride, manage and care for horses and other animals. This release is given freely and voluntarily by the participant and is meant to remain in existence throughout the duration of any instruction.

Please note: If your child is participating in a TANDEM HIPPOThERAPY session (child is accompanied by instructor/or staff/or therapist while mounted on horse) your child may be incurring a higher risk of injury in case of an accidental fall. By signing this form you are fully acknowledging the risks involved in tandem hippotherapy, and attest that you believe the benefits outweigh the potential risks, and freely release Bit-By-Bit and all of its staff and all related above parties from any liability during a tandem hippotherapy session.

WARNING

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

Dated this _____ day of _____, _____

Participant _____ Phone _____

Legal Guardian Signature _____

Complete Address _____

FOR STAFF ONLY: Equine Professional Acceptance _____