



Volunteer Information Form & Health History

Welcome! Please call / text us to schedule a volunteer orientation at: (954)- 512-7986

Name: _____ Date: ____/____/____

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

Date of Birth: ____/____/____ Phone # _____ Work # _____

Email (required): _____

Under 18 years old? Parent's Phone (____) _____

Parents email required: _____ Parent Signature: _____

Parent/Legal Guardian Name and Address: _____

Please register your email & your parents on our website at bitbybittherapy.org so that you can receive immediate program updates! Have you entered your email on our website? Circle Yes No **If no, go do it now!** ☺

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:* _____

I am available to volunteer: (choose all that apply and write in times ex. Sat 3:00-6:00)

____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____ Sun

Social Security Number (required if 18 or over): _____

• **Photo Release:**

I Do Do Not consent to and authorize the use and reproduction by Bit-By-Bit, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional or educational material, exhibitions or for any other use for the benefit of the program.

• **Background Information & Confidentiality Agreement:**

Have you ever been charged with or convicted of a crime? YES NO If YES – Explain _____

I (volunteer/staff name) _____ authorize Bit-By-Bit, Inc. 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, Inc., its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation. I also agree to the following **Confidentiality Agreement:** I understand that all information (written and verbal) about participants in this PATH 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.

I declare that the information provided above is accurate to the best of my knowledge & accept all releases and agreements. I know of no reason why I should not participate in this center's program and will immediately disclose any changes in the above information if necessary.

→Signature: _____

Date: ____/____/____



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, independent contractors, and others (hereinafter referred to as "EQUINE PROFESSIONAL"), LOCATED AT : **Mailing address:** 515 NE 12th Ave, Fort Lauderdale, FL 33301 & **BARN:** 3141 SW 118th Terrace, 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, Pony Scouts, horse training, parades, workshops, parties, fundraisers , public events, any and all volunteer activities, experiences, and duties, transportation and any other farm sponsored, charitable 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 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, including, but not limited to attorney's fees and disbursements, 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** and release against any claims based on negligence, actions or inactions of the above named parties, and any claim that may arise from instructing the participant on how to properly ride, manage and care for horses and other animals, and all program activities, medical treatments, therapeutic activities, and/or animal related activities. I hereby release the EQUINE PROFESSIONAL(S) from any and all liability from any injury or damage that may occur from participation in the inherently risky equine activities that may or may not be the result of either simple and gross negligence, and by signing this agreement acknowledge the possible risks and dangers that could result from participation in equine activities, whether caused by the equine sponsor's negligence or the inherent risks of equine activities. This release is given freely and voluntarily by the participant and is meant to remain in existence throughout the duration of any instruction, medical treatment, charitable, volunteer, or equine related activity.

Photo release: I also consent to or (check *only if applies*- do not consent to) and authorize the use and reproduction by Bit-By-Bit, Inc. 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.

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 Signature _____ Phone _____

Legal Guardian Signature (required if < 18 years old) _____

Emergency Phone Number: _____

Complete Address _____

Email Address: _____



THANK YOU for providing us with this background information-All information is kept private. We use this "Talent Survey" to help us learn about where our volunteers are coming from and what you may be able to help us with in the future. Please be as detailed as possible. There are many opportunities that we need volunteers for such as programming, horse daily care, fundraising, website and internet assistance, horse training, special events, etc. **Please speak to the Volunteer Coordinator if you can help in any of these areas!**

How did you hear about Bit-By-Bit?

What is your profession (i.e. student (where?); place of employment, etc.)?

What are your parent's (only if you are under 18 years old) and/or spouse's professions? Please include the NAME of the employer (Publix, Robbins & Landion, CPA, City of Weston, etc.):

Skills, Interest, Talents, Hobbies, etc. (circle all that apply):

- Carpentry/construction
- Gardening
- Crafts
- Art
- Computer skills
- Advertising/Marketing
- Plumbing
- Radio/Television
- Graphic Design
- Technology
- Architecture
- Photography/Vidoegraphy
- Event planning
- Fundraising
- Horse Training
- Other _____

Do you belong to any organizations? If so, where? (Church, Temple, clubs, groups, etc.)
