



# THERAPEUTIC RIDING INSTITUTE

## 2022 Volunteer Application

Date: \_\_\_\_\_ Birthday (m/d/yyyy): \_\_\_\_\_ Height: \_\_\_\_\_

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

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

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

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

Preferred Method of Contact: \_\_\_ Call \_\_\_ Text \_\_\_ Email  
(Rank 1-3)

Employer or School: \_\_\_\_\_ Title: \_\_\_\_\_

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

**\*\*PATH International and TRI mandates that Volunteer be at least 14 years old\*\***

**Experienced Horse Person?**  Yes  No

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

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

### TRI OFFICE USE ONLY:

- |  |           |   |
|--|-----------|---|
| <input type="checkbox"/> Background Check Consent  | Pass Fail | <input type="checkbox"/> Attended Orientation _____ |
| <input type="checkbox"/> Emergency Medical Consent | Yes No    | <input type="checkbox"/> Database Entry             |
| <input type="checkbox"/> Signed Liability Release  |           |   |
| <input type="checkbox"/> Confidentiality Agreement |           |   |
| <input type="checkbox"/> Photo Consent             | Yes No    |   |



# THERAPEUTIC RIDING INSTITUTE

## Volunteer Availability & Interests

Volunteer Name: \_\_\_\_\_

Please check any of the volunteer roles you would be interested in filling with our organization:

- Lesson Volunteer       Barn Chores       Special Events
- Facility Maintenance       Administrative Support

Please list the timeframe that works best for you to help on the days of the week you are available. As a reminder, if you are volunteering in our lessons, you will need to arrive 15-30 minutes before your first class. Please take this into consideration when selecting your availability. Barn Chore opportunities are only offered in the mornings between 8:30 – 11:00am.

Monday: \_\_\_\_\_  
 Tuesday: \_\_\_\_\_  
 Wednesday: \_\_\_\_\_  
 Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_  
 Saturday: \_\_\_\_\_  
 Sunday: \_\_\_\_\_

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

The 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.

Please list any special skills, other than horse experience, you may have that would help in additional volunteer roles (examples: yardwork, web design, photography, accounting, etc.):

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# THERAPEUTIC RIDING INSTITUTE

## Background Check & Reference Consent

TRI Volunteers work directly with our riders. It is therefore important to TRI that our volunteers are properly screened. We appreciate your cooperation with this policy as we continue to provide quality programming.

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

Have you ever been charged with or convicted of a crime other than a misdemeanor traffic violation: Yes No  
If yes, please give place, date and charge:

\_\_\_\_\_  
\_\_\_\_\_  
(Please note: a conviction record will not automatically 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 required training, 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: \_\_\_\_\_



# THERAPEUTIC RIDING INSTITUTE

## References

Please list two 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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# THERAPEUTIC RIDING INSTITUTE

## Consent for Emergency Medical Treatment

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 had 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 (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_



# THERAPEUTIC RIDING INSTITUTE

## Statement of Understanding, Authorization Release and Indemnity

I, \_\_\_\_\_ (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: \_\_\_\_\_



# THERAPEUTIC RIDING INSTITUTE

## Photo Release, Confidentiality Agreement & Social Media Policy

### 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: \_\_\_\_\_

### Confidentiality Agreement

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: \_\_\_\_\_