

Entered by: _____
Reviewed: _____
Date: _____

Volunteer Registration Form

Today's Date: _____

I. Personal Information

Name: _____ Birth Date: _____
Address: _____ E-Mail: _____
City: _____ Zip: _____ Work Ph: (____) _____
Home Ph: (____) _____
May we contact you at work? Yes No Mobile Ph: (____) _____
May we contact you via email? Yes No
Occupation: _____ Employer: _____
Do you have any physical limitations? Describe _____
Parent/guardian/caregiver name & phone (if applicable): _____

II. General Information

How did you hear about Born 2 Be TEC? _____

Why are you interested in volunteering? _____

Have you volunteered with Born 2 Be before? Yes No Date: _____
Describe your experience with horses: _____

III. Areas of Interest:

- | | |
|---|---|
| <input type="checkbox"/> Horse Leader/Handler | <input type="checkbox"/> Feeding Horses / stable care |
| <input type="checkbox"/> Sidewalker | <input type="checkbox"/> Special Olympics Events |
| <input type="checkbox"/> Special Events Coordinator | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Coordinating Volunteers | <input type="checkbox"/> Board Membership |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Marketing /Advertising |
| <input type="checkbox"/> Grant writing | <input type="checkbox"/> Committee Participation |
| <input type="checkbox"/> Computer Tech | <input type="checkbox"/> Public Speaking/Relations |
| <input type="checkbox"/> Special Events | |

Please list any other information about yourself which you feel could be useful to the program.

Criminal Disclosure

Yes **No**

- | | | |
|---|-----------------------|-----------------------|
| 1. Has Applicant ever been convicted of any felony or misdemeanor criminal offense? | <input type="radio"/> | <input type="radio"/> |
| 2. Has Applicant ever been convicted of any felony or misdemeanor criminal offense that was a sexual or physical assault in nature? | <input type="radio"/> | <input type="radio"/> |
| 3. Is Applicant currently under indictment, awaiting trial, verdict or sentencing in any criminal proceeding including those involving asexual crime or physical assault? | <input type="radio"/> | <input type="radio"/> |
| 4. Does Applicant have any criminal arrest or citation, which has yet to be adjudicate, including those of a sexual offense or physical assault in nature? | <input type="radio"/> | <input type="radio"/> |
| 5. Is Applicant currently on parole or probation or paying any restitution or fine for any crime including those of a sexual offense or physical assault in nature? | <input type="radio"/> | <input type="radio"/> |

BORN 2 BE TEC VOLUNTEER LIABILITY RELEASE AGREEMENT

I, _____, (Volunteer's Name) would like to participate in the Born 2 Be TEC program. I acknowledge the risks and potential risks of horseback riding. 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, my assigns, executors or administrators, waive and release forever all claims for damages against Born 2 Be, its Board of Directors, Guarantors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I may sustain while participating in Born 2 Be TEC programs.

WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE & REMEDIES CODE) A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.

Date: _____

Signature: _____
Volunteer or Parent/Legal Guardian if under 18

SOCIAL MARKETING 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.

- 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 Born 2 Be Therapeutic Equestrian Center.
- All information published on any volunteer blog should comply with the Born 2 Be Confidentiality Policy. This also applies to comments posted on other social networking sites, blogs and forums.
- Your online presence can reflect on Born 2 Be. Be aware that your comments, posts, or actions captured via digital or film images can affect the image of B2B.
- Do not use any B2B logos or trademarks without written consent.

Date: _____

Signature: _____
Volunteer or Parent/Legal Guardian if under 18

Entered by: _____
Reviewed: _____
Date: _____

Authorization for Emergency Medical Treatment

Participant

 Staff

 Volunteer

Name: _____ DOB: _____
 Parent/Guardian (if applicable): _____
 Home Phone: (_____) _____ Work Phone: (_____) _____
 Physician's Name: _____ Physician's Phone: _____
 Insurance Carrier: _____ Policy Number: _____
 List all known allergies: _____
 Current medications and dosage: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____
 Name: _____ Relation: _____ Phone: _____
 Name: _____ Relation: _____ Phone: _____

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

I, _____ (“Volunteer”/”Participant”), 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/Participant has obtained the signature of his/her parent/guardian, who, by such signature, represents he/she has read and understands this form.

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of the agency, I authorize Born 2 Be TEC to:

1. Secure and retain medical treatment and transportation if needed
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes, but is not limited to, X-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person above is unable to be reached.

Date: _____ Signature: _____
Volunteer, Participant, Parent or Legal Guardian

BORN 2 BE TEC VOLUNTEER CONSENT TO PHOTOGRAPH, VIDEO TAPE, TELEVISION RECORDINGS, SOCIAL MEDIA AND/OR LIKE MEDIA RECORDINGS

I hereby (Check one): **Consent** **Do NOT Consent**

to authorize Born 2 Be TEC's right to photograph, televise, film, video tape and/or sound record the acts, appearances, and utterance of the undersigned and to use any descriptive words or names, including the name of the undersigned in connection therewith and without limit as to time, to produce and reproduce the same or any part thereof by any method and to use said photographs, films, video tapes, social media and/or sound recordings for any purpose which Born 2 Be TEC deems proper in the interest of newspapers, television media, brochures, pamphlets, instructional material. All such photographs, films and/or sound recordings shall be the exclusive property of Born 2 Be, and I hereby relinquish all right, title and interest therein. With respect to the foregoing, no inducements or promises have been made to me to secure my signature to this release other than the intention of Born 2 Be, to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding Born 2 Be TEC and its work.

Date: _____ Signature: _____
Volunteer or Parent/Legal Guardian if under 18

CONFIDENTIALITY POLICY

- Born 2 Be TEC shall preserve the right of confidentiality for all individuals in its program
- No one associated with Born 2 Be TEC will reveal any medical, social, referral, personal and financial information regarding any client or any other person associated with Born 2 Be TEC to anyone unless required by court order.
- This policy applies to: participants full and part-time staff volunteers
 temporary employees board members independent contractors
 guests
- Infants and children under age 18 do not have legal authority to consent to disclosure. Only parent(s), legal representatives, or others defined by state statute generally have this authority.
- Failure to comply can result in reprimand, loss of certain job responsibilities, or termination.

I understand and will observe the confidentiality policy of Born 2 Be TEC.

(Signature)

(Date)

CODE OF CONDUCT FOR VOLUNTEERS

- ◆ We will honor our commitment to confidentiality.
- ◆ We will always abide by the Code of Conduct and the Policies and Procedures for Volunteers.
- ◆ We will cooperate fully with our staff supervisor and be open to their guidance.
- ◆ We will represent Born 2 Be TEC in a positive manner to the larger community.
- ◆ We will not represent Born 2 Be TEC in any capacity while under the influence of alcohol or illegal drugs.
- ◆ We will not smoke, use drugs or alcohol, or possess a weapon while on Born 2 Be TEC property.
- ◆ We will not sexually harass clients, employees, or other volunteers.
- ◆ We will not physically or verbally abuse any person or animal while on Born 2 Be TEC property.

I understand and will abide by the Born 2 Be TEC Code of Conduct.

Signature

Date



CONSENT FOR CRIMINAL BACKGROUND CHECK

Last Name

First Name

Each Born 2 Be staff member or volunteer who is to receive a criminal background history check must sign an authorization/waiver/indemnity form (below), giving approval for Born 2 Be and their assigned agents to perform the criminal background search. The Department of Public Safety recommends that the following information be obtained for identification purposes: Social Security number, driver's license number, and length of residence in Texas. The following additional information is requested from staff and volunteers who will be checked for a criminal background history: full name, maiden name and all aliases (other names used), date of birth, gender, and race.

AUTHORIZATION, WAIVER and INDEMNITY

I, the Applicant named above, hereby give my permission for Born 2 Be to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data, as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for employment or a volunteer position with Born 2 Be. I also understand that, as long as I remain an employee or a volunteer with Born 2 Be, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history report and a procedure is available for clarification if I dispute the record as received.

I, the Applicant named above, do, for myself my heirs, executors, and administrators, hereby remise, release and forever discharge and agree to indemnify and hold harmless Born 2 Be and each of their officers, directors, employees, and agents from and against any and all causes of action, suits, liabilities, costs, debts and sums of money, claims and demands whosever, and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become an employee of, or a volunteer for, Born 2 Be.

AGREED: _____
Applicant Signature *Date*

Social Security Number *Driver's License Number* *DL State*

(This information is required to complete a background check and will be kept confidential)

How long have you lived in Texas? _____

Maiden or Other Name(s), if applicable _____

Current Address/Number of Years _____

Previous Address/Number of Years _____

I represent to Born 2 Be 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.

Parent/Guardian *Signature of Parent/Guardian* *Date*