



FREEDOM RIDE INC.
3919 Bay Lake Road, Orlando, FL 32808
407.293.0411 Email: volunteerinfo@freedomride.com
Fax 407.674.7575 www.freedomride.com



VOLUNTEER REGISTRATION INFORMATION - PLEASE WRITE CLEARLY IN INK			
Name:		Date of Birth:	
Mailing Address:			
City:	County:	Zip:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address:		
Home:	Cell:	Work:	
How did you hear about Freedom Ride: <input type="checkbox"/> media/newspaper <input type="checkbox"/> school <input type="checkbox"/> friend/co-worker <input type="checkbox"/> Other			

EMPLOYER / SCHOOL / PARENT OR GUARDIAN INFORMATION	
Name of Employer/School:	
Occupation:	
Parent/Legal Guardian:	Phone:
Parent Email:	

HEALTH HISTORY	
Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, allergies or lifestyle changes:	
Medications:	
Are you currently First Aid Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No	CPR Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed any first aid/rescue breathing/CPR training?	
What are your strengths, special talents, or abilities:	
What are your weaknesses:	
Can you walk for 30 minutes and jog for short distances:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you hold your arm above your shoulder height and support a modest weight:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you comfortable working or walking around horses/ponies:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify what type of experience you have had with horses/ponies:	

VOLUNTEER HISTORY	
Indicate the reason you are seeking a volunteer position (check all that apply)	
<input type="checkbox"/> Personal Fulfillment	<input type="checkbox"/> School Requirement <input type="checkbox"/> Community Svc Req. <input type="checkbox"/> Skill Development
List your past volunteer activities and the name(s) and telephone numbers of the volunteer supervisor:	



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PARTICIPANT LIABILITY RELEASE FORM

Participant Full Name:

Date of Birth:

UNCONDITIONAL GENERAL RELEASE

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.

I, _____, a participant, client, volunteer, or student or the legal guardian of a participant, client, volunteer, or student ("Participant") in a program, event, or activity taking place under the sponsorship of or at the facilities of **FREEDOM RIDE, INC.**, a Florida not for profit corporation ("Freedom Ride"), hereby give consent and approval to the participation of Participant in any and all programs, events, or activities taking place under the sponsorship of or at the facilities of Freedom Ride ("Activities").

I fully understand that my decision to be a Participant or to allow such person named above to be a Participant, poses risks of personal injury, property damage, death and/or other loss that may arise while participating in the Activities. I assume all risk and hazards incidental to the conduct of the Activities as well as transportation to and from all Activities.

In consideration of Participant's being allowed to participate in the Activities, on behalf of Participant, Participant's heirs, personal or legal representatives, successors and assigns, I hereby irrevocably and unconditionally release, and covenant not to sue Freedom Ride, the City of Orlando, and each of Freedom Ride and the City of Orlando's owners, directors, officers, employees, agents, independent contractors, representatives, attorneys, successors, and assigns, and all persons acting by, through, under, or in concert with, any of them (collectively "the Releasees"), from any and all claims or causes of action whatsoever, in law or in equity, whether known or unknown at this time, based on any action, cause or thing occurring on, prior to, or following the date hereof, and, in particular, without limiting the generality of the foregoing, all claims arising out of or relating to the Activities, even if such liability or damage results from the sole negligence of the Releasees.

I hereby authorize the Releasees to act in their discretion on behalf of Participant in providing, requesting, or authorizing the provision of emergency medical services ("Emergency Services"). I acknowledge full responsibility for any charges associated with the rendering of any and all Emergency Services, and I indemnify the Releasees from any and all claims, expenses, or other charges related to their decision to provide or to not provide Emergency Services.

I understand and agree that this document shall be construed according to the laws of the State of Florida, and that this Unconditional General Release shall be as broad and inclusive as is permitted by the laws of the State of Florida. If any portion of this document is held to be invalid or of no force or effect, I agree that the balance shall continue in full force and effect.

This Unconditional General Release shall be immediately effective upon its execution.

I HAVE READ AND UNDERSTAND THIS DOCUMENT. DATED this ____ day of _____ 20__.

Print Name:

Date:

Adult Signature:

Date:

Participant Parent Legal Guardian



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CONFIDENTIALITY / PHOTO RELEASE (CHECK ONE)

I agree that as a Freedom Ride, Inc. volunteer to respect the privacy of the riders and hold in confidence all information obtained in the course of my volunteer service. I recognize that confidentiality and privacy requirements apply to fellow volunteers and that all photographs of riders are prohibited.

I DO hereby consent to and authorize the use and reproduction by Freedom Ride and the City of Orlando of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

-OR-

I DO NOT give consent to use the above use of photo or video graphic materials.

Adult Signature:

Date:

AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT

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 Freedom Ride 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 emergency medical treatment.

Emergency Contact:

Relationship:

Emergency Contact Phone:

Physician Name:

Preferred Medical Facility: Florida Hospital ORMC Other:

Health Insurance Company:

Policy:

CONSENT PLAN – I GIVE consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed “life-saving” by the physician. This provision will only be invoked if the person below is unable to be reached and/or cannot give authorization at the time of occurrence.

-OR-

NON-CONSENT PLAN – I DO NOT give consent for emergency medical treatment/aid in the case of illness or injury while participating in activities with Freedom Ride, Inc. In the event emergency medical treatment/aid is required, I wish the following procedures to take place:

Adult Signature:

Date:

Participant Parent Legal Guardian

AUTHORIZATION TO RELEASE INFORMATION

Current Driver's License: Yes No

License #

State:

I, _____, authorize Freedom Ride 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 the 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 or animals.

I understand that such access is for the purpose of considering my application as a volunteer, and that I expressly DO NOT authorize Freedom Ride to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Adult Signature:

Date:

Participant Parent Legal Guardian



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PERSONAL REFERENCES

Personal references are REQUIRED for all Freedom Ride volunteers. Each personal reference must be at least 18yrs of age and a non-family member. Teachers, co-workers, guidance councilors, pastors, family friends, etc. are recommended options for each reference. Freedom Ride requires a Letter of Recommendation written by each personal reference given. Templates for letters of recommendation are available on the Freedom Ride website.

Reference #1

Name:		Phone:
Mailing Address:		
City:	State/Zip:	Years Known:
Relationship to applicant:		Email Address:

Reference #2

Name:		Phone:
Mailing Address:		
City:	State/Zip:	Years Known:
Relationship to applicant:		Email Address:

APPLICANT DISCLOSURE AFFIDAVIT (PLEASE READ CAREFULLY)

Freedom Ride screens all prospective volunteers to evaluate whether an applicant poses a risk of harm to our staff, clients, volunteers and horses. Information obtained is not an automatic bar to volunteering, but is considered in view of all relevant circumstances. Volunteers marking "yes" to any of the below listed items will be asked to provide extra information (medical, court, probation, etc). This disclosure affidavit is required to be completed by applicants for positions in order to be considered. Any falsification, misrepresentation, or incompleteness in this disclosure alone is grounds for disqualification or termination.

Name:	Date of Birth:
The undersigned applicant affirms that I HAVE NOT at ANY TIME (whether as an adult or juvenile): <i>Initial answer under "yes" or "no" and provide brief explanation for a "yes" answer</i>	

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Pleaded guilty to (whether or not resulting in a conviction):
<input type="checkbox"/>	<input type="checkbox"/>	Pleaded nolo contendere or no contest to:
<input type="checkbox"/>	<input type="checkbox"/>	Admitted:
<input type="checkbox"/>	<input type="checkbox"/>	Had any judgement or order rendered against me (whether by default or otherwise):
<input type="checkbox"/>	<input type="checkbox"/>	Entered into any settlement of an action or claim of:
<input type="checkbox"/>	<input type="checkbox"/>	Han any license, certificate, or employment suspended, revoked, terminated, or adversely affected because of:
<input type="checkbox"/>	<input type="checkbox"/>	Been diagnosed as having or been treated for any mental or emotional condition arising from:
<input type="checkbox"/>	<input type="checkbox"/>	Resigned under threat of termination of employment or volunteer work for:
<input type="checkbox"/>	<input type="checkbox"/>	Any allegation, any conduct, matter of thing (irrespective of the formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):
<input type="checkbox"/>	<input type="checkbox"/>	Any felony:



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YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Rape or other sexual assault:
<input type="checkbox"/>	<input type="checkbox"/>	Drug or alcohol related offenses:
<input type="checkbox"/>	<input type="checkbox"/>	Abuse of a minor child, whether physical or sexual:
<input type="checkbox"/>	<input type="checkbox"/>	Incest:
<input type="checkbox"/>	<input type="checkbox"/>	Kidnapping, false imprisonment, or abduction:
<input type="checkbox"/>	<input type="checkbox"/>	Sexual harassment:
<input type="checkbox"/>	<input type="checkbox"/>	Sexual conduct with a minor:
<input type="checkbox"/>	<input type="checkbox"/>	Annoying/molesting a child:
<input type="checkbox"/>	<input type="checkbox"/>	Lewd and lascivious behavior:
<input type="checkbox"/>	<input type="checkbox"/>	Obscene literature:
<input type="checkbox"/>	<input type="checkbox"/>	Assault, battery or other offense:
<input type="checkbox"/>	<input type="checkbox"/>	Endangerment of a child:
<input type="checkbox"/>	<input type="checkbox"/>	Any misdemeanor or other offense classification involving a minor or to which a minor was a witness:
<input type="checkbox"/>	<input type="checkbox"/>	Unfitness as a parent or custodian:
<input type="checkbox"/>	<input type="checkbox"/>	Removing children from a State or concealing children in violation of a law or court order:
<input type="checkbox"/>	<input type="checkbox"/>	Restrictions or limitations on contact or visitation with children or minors:
<input type="checkbox"/>	<input type="checkbox"/>	Similar or related conduct, matters of things:
<input type="checkbox"/>	<input type="checkbox"/>	Accusation of any of the above:
Explanations (Descriptions and Dates):		

Adult Signature:	Date:
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Participant Parent Legal Guardian

Witness Signature:	Date:
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(Witness needs to be a non-family member or Freedom Ride Staff Member)

