

**Distinctive Speech & Language Services (DSLS)
Volunteer Application**

Last Name _____ MI _____ First Name _____
Mr. Mrs. Ms. Dr. Birth Date _____

Home Address

Street _____ Apartment # _____
City _____ County _____ State _____ Zip Code _____
Is anyone at this address already a volunteer at DTS? Yes No
If yes, what is their name and relationship to you? _____

Phone Numbers

Home () _____ Work () _____ Cell () _____
Email address: _____

Employment Information

Employed Part-time Full-time Retired Other
Employer's Name: _____ Occupation: _____
Employer's Address: _____
City _____ State _____ Zip Code _____

- My employer offers a time-off program for volunteers.
- My employer offers a donation matching program.

Education Information

Level of education completed: High School; Tech School; College; Graduate School
Do you currently attend school? _____ If yes, where: _____
Does your school have a volunteer program? _____ If yes, what is the name and contact information for the person in charge? _____

About You

What are your skills and interests? _____

Have you volunteered with us before? Yes No When? _____

Do you have previous volunteer experience? Yes No

If yes, where? _____ For how long? _____

Do you have experience with horses? Yes No

Please explain: _____

About Us

How did you hear about Distinctive Therapy Services? _____

Why do you want to become a volunteer? _____

Which areas of our program would you like to volunteer? (Please circle all that apply.)

- | | | |
|------------------|---------------|-----------------------|
| Barn Work | Sidewalker | Facility Grounds Care |
| Fundraising | Leader | Administrative |
| Public Relations | Horse Handler | |

I am at least 14 years of age. Yes No

I am available to volunteer at the following times: (Please circle day and time available.)

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	
<u>Saturday</u>					
Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening

I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest and I release Distinctive Therapy Services from any liability whatsoever for supplying such information. I understand that I will not be paid for my services as a volunteer.

Applicant's Signature: _____ Date: _____

Legal Guardian's Signature: _____ Date: _____

(The legal guardian of the Applicant must sign if the Applicant is less than 18 years old.)

Volunteer/Staff Information Form and Health History (cont'd)

PHOTO RELEASE

I consent to and authorize the use and reproduction by Distinctive Speech & Language Services, of any and all photographs and any other audio-visual material taken of me for promotional material, education activities, and exhibitions or for any other use for the benefit of the program without payment or any other consideration. I understand and agree that these materials will be the property of DSLS and will not be returned. I hereby irrevocably authorize DSLS to exhibit, publish or distribute this photo for purposes of publicizing DSLS programs or for any other lawful purpose.

Signature

Print Name

Date

Describe your abilities/experience in working with horses:

Describe your abilities/experience in working with people with disabilities:

If this is a volunteer experience, is it to fulfill requirements for school/other? If yes, please explain.

I understand and agree that the information provided above is accurate to the best of my knowledge and that I know of no reason why I should not participate in this Therapy program including hippotherapy.

Signature

Print Name

Date

I understand that all patient information that I learn while at the facility will be kept confidential. This includes, but is not limited to, any identifying information of a personal, financial or medical nature. I will not share any verbal, written, or recorded patient information with any unauthorized person.

Signature

Print Name

Date

Volunteer Liability Release

As a volunteer at Distinctive Speech & Language Services, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients with whom I work 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 all claims for damages against DSLS, its instructors, therapists, volunteers and/or other employees for any and all injuries and/or losses I may sustain while participating in activities with DSLS.

Additionally, I acknowledge my understanding of Oklahoma Statute Title 76-50:

“UNDER OKLAHOMA LAW, A LIVESTOCK ACTIVITY SPONSOR, A PARTICIPANT OR A LIVESTOCK PROFESSIONAL ACTING IN GOOD FAITH SHALL NOT BE LIABLE FOR INJURIES TO ANY PERSON ENGAGED IN LIVESTOCK ACTIVITIES WHEN SUCH INJURIES RESULT FROM THE INHERENT RISKS OF LIVESTOCK ACTIVITIES.”

Signature

Date