

VICTORY THERAPY CENTER VOLUNTEER REGISTRATION FORM - 2015

682-831-1323

www.victorytherapy.org

Personal Information (Please print clearly)			
TODAY'S DATE		ORIENTATION DATE	
E-MAIL ADDRESS			
NAME, First & Last		D.O.B.	RACE
			GENDER
ADDRESS			CELL #
CITY	STATE	ZIP	HOME #
EMPLOYER NAME OR SCHOOL NAME		WORK #	
OCCUPATION (IF STUDENT LIST CURRENT GRADE)			
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE #	
EMERGENCY CONTACT RELATIONSHIP			
DO YOU OR YOUR FAMILY HAVE SPECIAL SKILLS THAT WOULD BENEFIT VICTORY THERAPY CENTER			
HORSE EXPERIENCE: <input type="checkbox"/> NONE <input type="checkbox"/> BEGINNER <input type="checkbox"/> EXPERIENCED [explain]			

Do you have any medical conditions/limitations/allergies? (If so please specify and/or ask for our medical information form) _____

Can you walk for 60 minutes and jog for short distances? [check one] Yes No

II. Volunteer Interests (check all that would apply)

- Program Volunteer (helping on a regular basis with our therapy riders and horses)
- Do you have a preference of days or times? _____
- Special Activities (Booths at Health Fairs, Community Events, Party Planning, etc.)
- Office Work (data entry, filing, general office administration, writing newsletter articles, photography)
- Fund Raising Events

III. Background/Interests

Why do you wish to volunteer in this program? _____

Special talents/skills: _____

Where did you hear about Victory Therapy Center? Friend Radio TV Newspaper Website Social Media

() Friend (name) _____

() Other (please specify) _____

IV. Confidentiality Statement

As a volunteer of the Victory Therapy Center’s riding program, I understand that all client information is confidential. I understand and agree not to discuss or make any written reports or take any pictures without prior approval from the family and/or instructor and at no time will I use the client’s last name.

Signature: _____
(If under 18, Parent or Guardian

Date: _____

V. Liability Release (You must be 14 years old to volunteer)

As a volunteer at Victory Therapy Center, 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 I work with are greater than the risks assumed. I, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Victory Therapy Center, its Board of Directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in programs or services at Victory Therapy Center

Signature: _____
(If under 18, Parent or Guardian must sign)

Date: _____

VI. Photo Release I do not consent (mark with a check if you do not consent)

I hereby consent to and authorize the use and reproduction by Victory Therapy Center 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.

Signature: _____
(If under 18, Parent or Guardian must sign)

Date: _____

VII. Background Check Release

I have been notified that a Computerized Criminal History (CCH) verification check will be performed by VERIFYI and will be based on name and DOB identifiers that I supply.

Signature: _____
(If under 18, Parent or Guardian must sign)

Date: _____

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN 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.



Background Verification Release Form

AGENCY INFORMATION

Date	Agency Name VICTORY THERAPY CENTER		
Contact Name Linda Engle			
Agency's Main Phone Number 682-831-1323		Agency's Fax Number 682-831-1362	

APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)		Maiden or Other Name(s) Used		
Current Address				
City		State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number		State Issued
Position Applied For				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			

I hereby authorize VERIFI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VerIFI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature
(if under 18 years of age)