

VICTORY THERAPY CENTER VOLUNTEER REGISTRATION FORM

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
ADDRESS		CELL #	
CITY	STATE	ZIP	HOME #
PARENT/GUARDIAN NAME		PHONE #	
EMPLOYER NAME OR SCHOOL NAME		OCCUPATION OR GRADE	
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE #	
EMERGENCY CONTACT RELATIONSHIP		PLEASE INITIAL THAT HANDBOOK HAS BEEN RECEIVED	
HORSE EXPERIENCE: <input type="checkbox"/> NONE <input type="checkbox"/> BEGINNER <input type="checkbox"/> EXPERIENCED [explain]			

Confidentiality Statement & Liability Waiver

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. 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. Finally, 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: _____

Photo Release

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.

- I consent
- I do not consent

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

Date: _____

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.



Background Verification Release Form

AGENCY INFORMATION

Date	Agency Name VICTORY THERAPY CENTER
Contact Name Karey Bourgeois, Volunteer Director	
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 VERIFIY 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 VERIFIY 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 VeriFYI 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)