



VOLUNTEER APPLICATION

Date: _____ Date of Birth: _____ Gender: _____

Name Last First Middle

Address

City, State, Zip

Email

Home Phone

Cell Phone

Employer or School

Title/Department

Work Phone

Work Email

Parent/Guardian Name

Parent/Guardian Phone Number

How did you hear about us?

Friend

Social Media

Online Volunteer Service

Recruiting Event

Other _____

FOR EQUEST STAFF USE

- | | | |
|--------------------------|----------------------------|--------------------|
| <input type="checkbox"/> | Background Check Consent | Passed _____ |
| <input type="checkbox"/> | Emergency Medical Consent | Yes _____ No _____ |
| <input type="checkbox"/> | Statement of Understanding | |
| <input type="checkbox"/> | Photograph Release Consent | Yes _____ No _____ |
| <input type="checkbox"/> | Confidentiality Agreement | |
| <input type="checkbox"/> | Social Media Policy | |
| <input type="checkbox"/> | Referrals Attached | |

Date Reviewed: _____ By: _____

CONSENT FOR CRIMINAL BACKGROUND CHECK

AUTHORIZATION, WAIVER and INDEMNITY

I, the Applicant named above, hereby give my permission for Equest 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 Equest. I also understand that, as long as I remain an employee or a volunteer with Equest, 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 Equest 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 whosoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become an employee of, or volunteer for, Equest.

Applicant signature Date

Signature of parent/guardian Date

I. APPLICANT INFORMATION				
Legal last name	Legal first name	Legal middle name	Date of birth (month/day/year)	
Residence street address			Maiden name (if applicable)	
City, state, zip			County of residence	
Mailing address, city, state, zip (if different)			Race	
List all states lived in for past 10 years				
List any other names used within 10 years				
Social security no.		TX drivers license no.		
II. CRIMINAL DISCLOSURE			Yes	No
a). Has applicant ever been convicted* of any felony or misdemeanor criminal offense that was a sexual or physical assault in nature?				
b). Is applicant currently under indictment, awaiting trial, verdict or sentencing in any criminal proceeding involving a sexual crime or physical assault?				
c). Does applicant have any criminal arrest or citation, which has yet to be adjudicated that was a sexual offense or physical assault in nature?				
d). Is applicant presently on parole or probation or paying any restitution or fine for any crime that was a sexual offense or physical assault in nature?				

CONSENT for EMERGENCY MEDICAL TREATMENT

NAME _____

PARENT/GUARDIAN _____

(if under 18)

ADDRESS _____

Street

City

State

Zip

PHONE _____

Home

Work

PHYSICIAN'S NAME _____

PHONE: _____

EMERGENCY CONTACT:

Name _____

Phone _____ Relationship _____

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

Please list all known allergies: _____

I, _____ ("Volunteer"), 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 has obtained the signature of his/her parent/guardian, who, by such signature, represents he/she has read and understands this form. In case of medical emergency or necessity, "Volunteer" authorizes Equest to seek or provide for "Volunteer" such medical assistance as may be necessary or advisable and further authorizes Equest to seek the assistance of any physician or medical facility to provide any medical/surgical care, including, but not limited to, hospitalization, with such treatment to include anesthesia as necessary or advisable, that the physician or medical facility deems or determines to be necessary or advisable, pending receipt by the physician or medical facility of any other consent to treatment from or on behalf of "Volunteer" "Volunteer" understands that NO LIABILITY can be accepted by any of the organizations concerned, including Equest, in the event such accident may occur. In the event any provision of this form is determined to be unenforceable, all other provisions shall remain in full force and effect.

SIGNATURE OF PARENT/GUARDIAN _____

SIGNATURE OF VOLUNTEER, IF OVER 18 _____

STATEMENT OF UNDERSTANDING, AUTHORIZATION RELEASE AND INDEMNITY

I, the undersigned ("Volunteer"), am over 18 years of age and fully competent to make this Statement of Understanding, Authorization, Release and Indemnity ("Statement"), which I have read and understand. I understand the information I have provided may be verified and permit Equest to inquire of others concerning my suitability as a volunteer. In the course of volunteering, I may deal with confidential information and agree to keep said information in the strictest confidence. The relationship between Equest and me is an "at will" arrangement and may be terminated at any time, without cause, by either Equest or me. I understand that, as a volunteer, I will assist in the riding and instruction of mentally or physically challenged riders, and that I will work with and around horses, as well as riders. I understand that I cannot serve as a volunteer until this Statement has been signed.

In return for the opportunity to serve as a volunteer with Equest, I hereby forever release, acquit and discharge Equest and its officers, directors, trustees, agents, employees, representatives, affiliates, successors and assigns (collectively the "Released and Indemnified Parties") from any and all claims, demands and causes of action of any and every kind or nature, including those caused in whole or in part by the negligence of any of the Released and Indemnified Parties, which I may now or in the future have against any or all of the Released and Indemnified Parties and that arise in whole or in part as a result of my involvement with Equest. I also understand and agree that Equest assumes no liability for accidents or acts of negligence or gross negligence by anyone, including the Released and Indemnified Parties.

I further agree to fully indemnify and defend any of the Released and Indemnified Parties against any and all claims, demands or causes of action of any and every kind or nature (including attorney's fees and other defense costs), including those caused in whole or in part by the negligence of any or all of the Released and Indemnified Parties, which directly or indirectly relate to personal injuries or property damages sustained by me and that arise in whole or in part as a result of my involvement with Equest. If any provision of this Statement is determined to be unenforceable, all other provisions shall remain in full force and effect.

Signature of Volunteer Date

I represent to Equest that I am the parent or guardian of the Volunteer whose signature appears above. On behalf of that Volunteer, I agree and accept all of the provisions of the foregoing Statement of Understanding, Authorization, Release and Indemnity. I am authorized to sign this Statement on behalf of the Volunteer and my doing so legally binds the Volunteer as if he/she were not a minor.

Signature of Parent/Guardian Date

REFERRALS

PLEASE LIST TWO (NON-FAMILY REFERRALS)

NAME

RELATIONSHIP

CONTACT ADDRESS AND PHONE NUMBER

NAME

RELATIONSHIP

CONTACT ADDRESS AND PHONE NUMBER