



## MENTORSHIP FEES

- Application and Background Check fee -- \$25
- Mentored teaching hours for CTRI or Registered Level Certification -- \$50/hour
- Riding lessons to prepare for Registered Level Certification testing pattern -- \$65/hour
- Equine handling hours for CTRI -- \$50/hour
- Equine Management Skills checklist for CTRI -- \$50/hour
- Video recording of Riding Instruction and Communication Skills for CTRI -- \$100

## CANDIDATE INFORMATION

Name of Candidate:  Gender: M / F

Address:

City:  State:  Zip:

Phone:  Email:

Date of Birth:  Height:  Weight:

## EQUESTRIAN BACKGROUND

Number of years riding:  Number of giving riding instruction:

Type of instruction:

Equestrian Experience:

## TEACHING BACKGROUND

Do you have any experience working with any of the following disabilities? Check all that apply:

Mental Impairments	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>
Learning Disabilities	<input type="checkbox"/>	Multiple Sclerosis	<input type="checkbox"/>
Communication Impairment	<input type="checkbox"/>	Muscular Dystrophy	<input type="checkbox"/>
Hearing Impairments	<input type="checkbox"/>	Brain Injury/Head Trauma	<input type="checkbox"/>
Visual Impairments	<input type="checkbox"/>	Spina Bifida	<input type="checkbox"/>
Emotional Impairments	<input type="checkbox"/>	Stroke/CVA	<input type="checkbox"/>
Autism	<input type="checkbox"/>	Post-Polio	<input type="checkbox"/>
Down Syndrome	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

# Equest



## EMERGENCY CONTACT INFORMATION

Name:

Relationship:

Phone:

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

  

Please list all known allergies:

  

## CONSENT FOR CRIMINAL BACKGROUND CHECK

### AUTHORIZATION, WAIVER and INDEMNITY

I (Candidate's name) \_\_\_\_\_, hereby give 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 acting as a STUDENT CANDIDATE with Equest. I also understand that, as long as I remain 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 whatsoever, and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a STUDENT CANDIDATE in Equest's certification process.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*All information listed below is required to complete a background check and will be kept confidential.*

Legal Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Driver's License State: \_\_\_\_\_

Current Address/Number of Years: \_\_\_\_\_

Previous Address/Number of Years: \_\_\_\_\_



## CONSENT FOR PHOTOGRAPHY

For valuable consideration given and which is hereby acknowledge, the Candidate named in this application hereby grants Equest permission to take, or have taken, still and moving photographs and films, including television pictures, of the Candidate, and consents and authorizes Equest, its advertising agencies, news media, and any other persons interested in Equest and its work, to use and reproduce such photographs, films or pictures, and to circulate and publicize the same by all means, including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books, and clinical materials.

With respect to the foregoing matters, no inducements or promises have been made to secure this signature to this release other than the intention of Equest to use, or cause to be used, such photographs, films, and pictures for the primary purpose of promoting Equest and its work.

Please check one of the following boxes to indicate your consent or non-consent of the photo release:

Consent

Non-Consent

## SOCIAL MARKETING POLICY

In the area of social media (print, broadcast, digital, online), the following guidelines apply in the use of social media for our Candidates:

1. Should you decide to create a personal blog or website, be sure to provide a clear disclaimer that the views expressed in the blog are the author's alone and do not represent the views of Equest Therapeutic Horsemanship.
2. All information published at any Candidate blog should comply with Equest's confidentiality policy. This also applies to comments posted on other social networking sites, blogs, and forums.
3. Your online presence can reflect on Equest. Be aware that your comments, posts, or actions captured via digital or film images can affect the image of Equest.
4. Do not use any Equest logos or trademarks without written consent.

I hereby confirm that I have read and understand the Social Media policy of Equest Therapeutic Horsemanship.

## CONFIDENTIALITY AGREEMENT

The undersigned Candidate acknowledges that in the course of being mentored, the Candidate may receive and have access to information and records of Equest clients, volunteers, and donors including but not limited to medical records, diagnoses, progress reports, and financial statements.

The Candidate hereby agrees to hold such information in confidence and not to divulge the information to any person except as directed by Equest. The Candidate also further agrees that written materials in the client, volunteer, or donor's files will be maintained in confidence and not removed from such files.

\_\_\_\_\_  
Required Signature of Candidate

\_\_\_\_\_  
Date



## LIABILITY AGREEMENT

The undersigned Candidate understands that he/she will be assisting with instructing the handicapped in riding instruction and that no liability can be accepted for accidents by any of the organizations concerned, including Equest. The Candidate does hereby forever release, acquit, discharge Equest, its officers, trustees, directors, agents, employees, representatives, successors, and assigns (collectively the "Released and Indemnified Parties") for all manner of claims, demands, and damages, of every kind and nature whatsoever (collectively "claims"), which Candidate may now, or in the future, have against Equest, its officers, trustees, directors, agents, employees, representatives, successors, or assigns on account of any personal injuries or property damage, known or unknown, or in any way growing out of the acts of the released and indemnified parties, or any of them including but not limited to those caused in whole, or in part, by their own negligence or gross negligence.

I understand and agree that I enter this agreement at my own risk. I further agree for myself and my representatives, to be bound by the rules of this agreement and to act in a safe and courteous manner. I understand that participation in this course does not guarantee Equest certification, nor employment following the completion of this agreement.

My signature is considered acceptance of the above conditions.

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Signature of Candidate

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Date

When completed, please return forms to:

registrar@equest.org

PO Box 171779

Dallas, TX 75217

Phone: (972) 412-1099 | Fax: (972) 947-3940