

Refuge Services, Inc

P.O. Box 53684 Lubbock, TX 79453-3684
Phone: (806) 748-7207 Fax: (806) 748-0972
information@refugeservices.org

Volunteer/Staff Information Form and Health History

General Information

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone (H) _____ (Cell/Work) _____

Employer/School: _____

Address: _____

Parent/Legal Guardian Information: _____

How did you learn about the program? _____

Recent medical tests: Last Tetanus Shot: _____ Tuberculosis Test + - Date: _____

(Consult your physician or local health department if you are not up to date with these shots/tests)

E-mail Address: _____

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies: _____

Medications: _____

Check which areas you are interested in:

Program

- Horse Handling
- Side walking with a student
- Stable Management
- Facility Repairs

Special Events

- Horse Show
- Fundraising
- Special Olympics
- Trail Rides

Administration

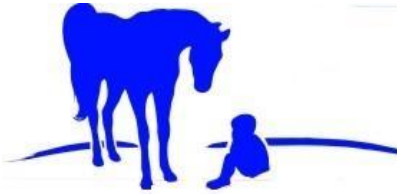
- Public Relations
- Grant Writing
- Newsletter
- Volunteer Recruitment

- Photography/Video
- Budget & Finance
- Future Planning

I understand that the information provided is accurate to the best of my knowledge. I know of no reason why I should not participate in the center's program.

Signature: _____ Date: _____

(Volunteer/Staff; signed in presence of center staff)



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Volunteer/Staff Information Form and Health History – Page 2

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Photo Release

I DO

Do Not

Consent to and authorize the use and reproduction by **Refuge Services Inc.** of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the center.

Signature: _____ Date: _____

Background Information

Have you ever been charged with or convicted of a crime? Y N; please explain _____

I, _____ (volunteer/staff), authorize **Refuge Services Inc.** to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize Refuge Services, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

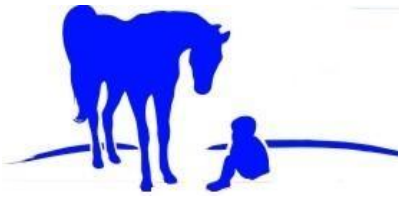
Signature: _____ Date: _____

CURRENT DRIVER'S LICENSE Y N LICENSE NUMBER _____ STATE _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at Refuge Services is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____ Date: _____



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Authorization for Emergency Medical Treatment Form

Participant Staff Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physicians Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving service while being on the property of the agency. I authorize **Refuge Services Inc.** to:

1. Secure and retail medical treatment and transportation if needed.
2. Release clients records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian
Signed in the presence of center staff

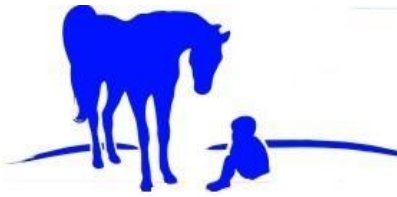
Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

- Parent or legal guardian will remain on the site at all times during equine assisted activities
- In the even emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian
Signed in the presence of center staff



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AFFIDAVIT FOR APPLICANTS

AN APPLICANT FOR TEMPORARY OT PERMANENT POSITION with a licensed facility or registered family home whose employment or potential involvement with the facility involves direct interaction with or the opportunity to interact and associate with children must execute and submit the following affidavit with the application for a position.

STATE OF _____

COUNTY OF _____

I swear or affirm under penalty of penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Had any pending criminal charges against me in this or any other jurisdiction for;

Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving

(Whether under criminal or civil law of any jurisdiction):

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploration, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposures;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children in minors resulting from a court order protecting a child or minor from abuse, neglect, or exploration; or,
17. Any type of child abduction.

Except the following (list all incidents, locations, description, and date) (if none, write NONE)

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

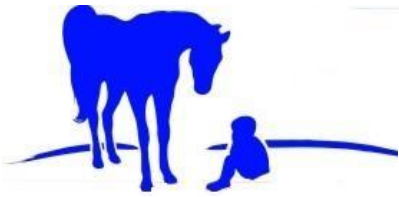
Signed: _____ Date: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of notary officer: _____

(seal, if any, of notarial officer)

My commission expires: _____



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REFERENCES

Professional References (List three persons, who are not related to you, who can provide information about you when contacted.)

a. _____

Name	Address	Phone	Relation
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b.

Name	Address	Phone	Relation
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c. _____

Name	Address	Phone	Relation
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LIABILITY RELEASE

I _____ would like to participate as a/an _____ in Refuge Services Hippotherapy/Therapeutic Riding program. I acknowledge the risks and potential for risks while participating in equine activities (i.e.: riding, driving, vaulting, jumping, or ground work.) However, I feel that the benefits of being a part of the Refuge Services team 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 Refuge Services, its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses that I may sustain while participating in equine activities at Refuge Services.

Under Texas Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks or equine activities.

Signature: _____

Date: _____

(Employee, Volunteer, Therapist or Therapist Assistant)