

## 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: \_\_\_\_\_

How did you first hear about Refuge Services, Inc.? \_\_\_\_\_

#### 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: \_\_\_\_\_

#### Availability/Interests

Availability for training and volunteering:

Monday 8:00AM – 7:00PM \_\_\_\_\_

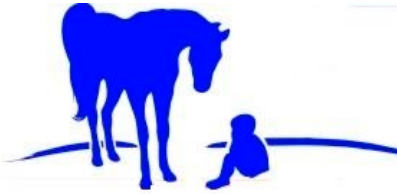
Tuesday 8:00AM – 7:00PM \_\_\_\_\_

Wednesday 8:00AM – 7:00PM \_\_\_\_\_

Thursday 8:00 AM – 7:00 PM \_\_\_\_\_

Friday 8:00AM – 4:00PM \_\_\_\_\_

#### Additional Information:



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Do you have experience with horses? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Do you have any additional skills? (ie, fundraising, art teaching): \_\_\_\_\_

### 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: \_\_\_\_\_

### 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.

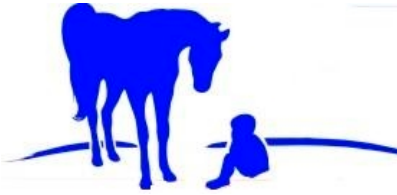
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### Non-Consent Plan

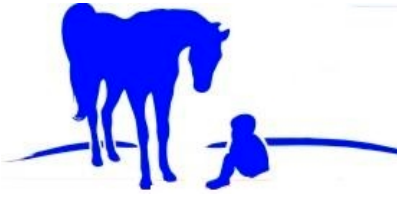
I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

- 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



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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 protesting a child or minor from abuse, neglect, or exploration; or,
17. Any type of child abduction.

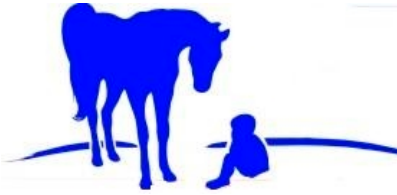
Except the following (list all incidents, locations, description, and date) (if none, write NONE)

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

Signed: \_\_\_\_\_

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



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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

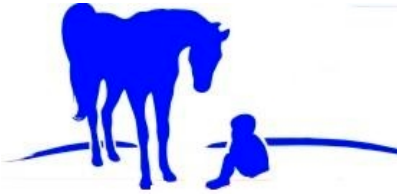
I \_\_\_\_\_ would like to participate as a/an \_\_\_\_\_ in Refuge Services Hippotherapy/Therapeutic Riding program. I acknowledge the risks and potential for risks while participating in equine activities (i.e.: riding, driving, vaulting, jumping, or ground work.) However, I feel that the benefits 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: \_\_\_\_\_

(Employee, Volunteer, Therapist or Therapist Assistant)

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



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### **Release to Use Image Form**

I, the undersigned, hereby grant REFUGE Services permission to use, exploit, adapt, modify, reproduce, distribute, publicly perform and display, in any form now known or later developed, my image or visual likeness (the "Personal Information") throughout the world, by incorporating it or them into publications, catalogues, brochures, books, magazines, photo exhibits, motion picture films, videotapes, Facebook, Instagram, and/or other media (the "Works") or commercial, informational, educational, advertising, or promotional materials relating thereto.

I release, and hereby agree to indemnify, defend, and save harmless REFUGE Services, its agents, employees, licensees and assigns (collectively, "Released Entities") from any and all claims I, or any third party, may have now or in the future for invasion of privacy, right of publicity, copyright infringement, defamation or any other cause of action arising out of the use, exploitation, reproduction, adaptation, distribution, broadcast, performance or display of the Personal Information.

I waive any right to inspect or to approve any Works that may be created using the Personal Information and waive any claim with respect to the eventual use to which the Personal Information may be applied. The Personal Information may be used at REFUGE Services sole discretion, alone or in conjunction with any other material of any kind or nature except that REFUGE Services will not use the Personal Information for any criminal or illegal purposes or in a manner inconsistent with community standards of decency.

I understand and agree that REFUGE Services is and shall be the exclusive owner of all right, title, and interest, including copyright, in the Works, and any commercial, informational, educational, advertising, or promotional materials containing the Materials. I also understand that I (or my child) will not receive payment for any use of the Personal Information.

I am of full legal age and have read this release and am fully familiar with its contents. By their signature below, a minor's parent(s) or legal guardian(s) indicate, on behalf of their minor child, their full and unqualified consent to the terms of this Release to Use Image.

Name: \_\_\_\_\_ Age (if Minor): \_\_\_\_\_

Signature (not required if minor): \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent(s)/Guardian if Minor: \_\_\_\_\_

Signature of Parent/Guardian if Minor: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Ph: \_\_\_\_\_

Email: \_\_\_\_\_