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A 501(c)3 Non-Profit Ministry

Volunteer Application

EXPLANATION

This application will be asking some very personal and private questions. It is our intention to find out more about the people that we are entrusting with minors and clients with disabilities. The information contained in this application will be treated with the utmost of confidentiality and respect. Our Board of Directors has mandated strict criteria for the treatment and storage of Confidential Documents. At all times, these instruments will be stored under a double locked system (in a locked file cabinet located in a locked office). No one will have access without proper authorization.

The questions contained herein are not designed to offend or to pass judgment, but rather create an environment where a person's prior experiences will not hinder the ranch in carrying out their mission in a safe, fun and productive way. If you are a person who must answer affirmatively to any of the questions on the following pages, we may contact you for a personal interview. Please be assured that answering affirmatively does not necessarily preclude you from serving with clients.

This application is to be completed by all applicants for any position (volunteer or compensated) involving interaction with minors or vulnerable adults. This is not an employment application.

General Information

Date _____

Name _____ Nickname _____

Address _____

City _____ State _____ Zip _____ Date of Birth _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____ E-mail Address _____

Spouses Name _____

Single Married Separated Divorced Widowed

How long married? _____ Children? YES NO How Many? _____

How did you hear about the ranch _____

Background Information

Do you have previous experience working with individuals with disabilities? YES NO

List experience including dates, organization's name and location of work performed:

Do you have experience with horses? YES NO

Do you own a horse? YES NO

Have you had riding lessons? YES NO How long _____ What Kind _____

Train, show or compete? YES NO

Level of horse expertise: None Beginning Intermediate Expert

Horse handlers must know how to groom, tack and lead the horse and must have knowledge of horse temperament. Do you feel qualified as a horse handler? YES NO

Employment History

Not applicable for youth under 18

Present Employer _____

Address _____

City _____ State _____ Zip _____

Phone # (_____) _____ How long have you been employed? _____

Spouses Employer _____

Did you know that many employers will match your volunteer hours in donations to the non-profits where you volunteer?

Are you willing to check with both you and your spouse's employer's HR department to see if they offer such a program? YES NO

Physical Information

Height_____

Can you walk for 30-45 minutes? YES NO Can you jog short distances? YES NO

Can you lift 20 pounds? YES NO Can you lift 40 pounds? YES NO

Can you stretch in all directions? YES NO

Can you support your arms above your shoulders? YES NO

Do you have allergies, asthma or medical problems, which would affect your ability to work with horses or in a barn environment? YES NO

Are you able to work in all environmental elements? YES NO

Personal Situations

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addiction; or has anyone ever suggested that you may have a problem with any of the above?

YES NO

If Yes, explain_____

Have you ever been arrested, convicted or pleaded guilty to a crime? YES NO

If Yes, explain_____

Have you ever been accused, charged, alleged to have or have you ever committed any act of neglecting, abusing, molesting or battering any child or adult? Or have you had any kind of relationship with a minor or vulnerable adult that has brought sexual gratification to yourself? YES NO

If Yes, explain_____

Have you ever been treated for a psychiatric disorder? YES NO

If Yes, explain_____

Has there been any abuse in your family background with drugs or alcohol or that was emotional, physical or sexual in nature? YES NO If yes, what steps have been taken to minimize the impact that those issues will create for you? _____

Have you ever voluntarily left or been asked to leave a role within an organization due to concerns regarding inappropriate conduct with minors or adults? YES NO
If Yes, explain _____

Background Check Information

(If 18 years or older: Information Required for Acceptance)

Print Applicant's Full Legal Name _____
Print Maiden Name or Any Aliases _____
City, State & County of Birth _____
Social Security # (mandatory) _____ Date of Birth _____

Photo/Video Release

I DO DO NOT hereby release any and/or all rights to photos taken of myself and/or those listed above for future publications, newsletters, e-news, web pages, etc., and give Panther Creek Inspiration Ranch full ownership of said photos.

Signature _____
Print Name _____ Date _____

Application Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you my information (including opinions) that they may have regarding my character and fitness for working with minors and disabled. I acknowledge the risk and potential for risk of working with and around horses. 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 Panther Creek Inspiration Ranch, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I may sustain while participating in the programs at Panther Creek Inspiration Ranch. To uphold the confidentiality of the references, I waive any rights that I may have to inspect any information provided about me by any person or organization, but I may contact Panther Creek Inspiration Ranch to inquire about information provided about me.

Also, I hereby request and authorize the release of any information which pertains to any records of convictions contained in law enforcement files or in my criminal file maintained on me whether local, state or national. I hereby release local, state and national law enforcement agencies from any and all liability resulting from such disclosure.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENT THEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

WARNING: Under Texas law (chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities.

Date _____ Applicants Signature _____

Signature of Parent/Guardian _____

Statement of Confidentiality

Panther Creek Inspiration Ranch operates on the foundation of integrity and respect for the dignity of all people. This statement of confidentiality is to inform all volunteers and employees of their responsibility to ensure that a breach of confidentiality does not occur.

Confidential information includes but is not limited to:

- Client's Medical Records and Diagnosis
- Client's Medical History
- Client's Financial Information
- Any information in a Client's File regarding family members
- Volunteer or Employee's Personal Files
- All Ranch financial information
- All Donor and Donation information, including but not limited to Address, Phone #, Email, Business Information, Amount of donation and purpose
- All Networking Information: Committee Members Lists, Newsletter Lists, Mailing Lists, Including Names, Addresses, Phone Numbers, E-mail Addresses and Business information

This information may exist in the form of computer-based systems or written, pictorial, graphic or auditory forms. I agree not to disclose confidential information to third parties not affiliated with Panther Creek Inspiration Ranch, except as required by law. I agree not to discuss or otherwise disclose confidential information unless absolutely necessary while acting within the course and scope of my duties. ALL SUCH DISCUSSIONS SHALL BE LIMITED TO ONLY THE APPROPRIATE RANCH PERSONNEL AND STAFF WHO HAVE A NEED TO KNOW SUCH INFORMATION IN THE DELIVERY OF PROFESSIONAL SERVICES.

I understand the above statement on inappropriate disclosure of confidential information. I recognize as a staff member, volunteer or student volunteer that corrective actions up to and including discharge will be implemented if inappropriate disclosure occurs.

Signature _____

Print Name _____ Date _____