



Throwaway Ponies
2368 E. FM 552
Rockwall, TX 75087
Fax: 972-442-4970
Phone: 214-202-1390

VOLUNTEER APPLICATION

Date _____

Name:

_____ First MI Last

Address: _____

City: _____ State: _____ Zip: _____

Home Phone # _____ Fax # _____

Work Phone # _____ Other Phone# _____

Email address: _____

_____ Driver's License #: _____ State: _____

Date of Birth: _____ Age: _____ Place of Birth: _____ Height: _____

Weight: _____ Hair Color: _____ Eye Color: _____ Sex: F M

Employer: _____ Job title: _____

Employer's address: _____

Where did you hear about the Throwaway Ponies program? _____

Current hobbies and / or interests: _____

How would you describe your personality? _____

EDUCATION:

NAME OF SCHOOL	CITY/STATE	DATES ATTENDED	MAJOR / DEGREE
HIGH SCHOOL			
COLLEGE / VOCATIONAL SCHOOL			
GRADUATE SCHOOL			

If student now, where? _____ Full or Part time? _____

Degree working on: _____ Graduation date: _____

In what languages can you communicate? _____

PERSONAL

List any community groups in which you are presently active (professional associations, faith communities, service organizations, etc):

Do you have any experience working with children or horses? Yes _____ No _____
(If yes, please give organization names and details)

Do you give Throwaway Ponies permission to obtain information from these organizations regarding your membership?

Yes _____ No _____ If no, please explain _____

What horse experience, if any, do you have? _____

Have you ever had experience with children with autism _____ mental disability _____
Emotional Problems _____

Have you ever applied with another organization that works with children? Yes _____ No _____

Were you accepted? Yes _____ No _____ Please give name(s) of organization(s) & year:

Employment/student Status:

Full Time _____
Part Time _____ Hours: _____
Retired _____
Other _____

Current Marital Status:

Single _____
Committed Relationship _____
Married: _____ Date: _____
Widowed: _____ Date: _____
Divorced _____ Date: _____
Separated _____ Date: _____

If married/committed: Spouse/Partner's Name _____ Age _____

Please answer the following questions and give details and explanations if answer is yes:

Have you ever been hospitalized for an emotional issue? Yes ___ No ___
Do you now, or have you had a drug/alcohol abuse or dependency problem? Yes ___ No ___
Do you have any kind of health impairment? Yes ___ No ___

Details: _____

VOLUNTEER QUESTIONNAIRE

Name: _____ Adult ____ Youth age _____

Email: _____

Cell: _____ Home _____

What skills do you have that you would be willing to use to help TaPs?

Computer programs (such as Excel and Word)

Computer programming (as in helping with the website)

Website design

Paperwork (addressing/stuffing envelopes; filing)

Artwork

Photography and/or video

Christmas/July parades

Sewing

Welding

Using a chainsaw to cut down trees

Driving a tractor

Horse experience (explain) _____

Pulling a horse trailer or short trailer

Unloading hay

Carpentry

Painting (wood & fences)

Fundraising

Networking

Teaching children

Parades

Other _____

CRIMINAL HISTORY

Throwaway Ponies will ask all volunteers to complete a criminal records check which will reveal any arrest, charge or conviction. Please respond to the following questions so that this history can be discussed and evaluated.

If you answer yes to any of the following questions, please offer an explanation in the space provided below

Have you ever been investigated for animal cruelty or neglect? Yes _____ No _____

Have you ever been arrested/ charged and/or convicted of a misdemeanor? Yes _____ No _____

Have you ever been arrested/ charged and/or convicted of a felony Yes _____ No _____

Have you ever been or are you currently on probation? Yes _____ No _____

Have you ever been or are you currently on parole? Yes _____ No _____

Have you ever been convicted of a traffic violation? Yes _____ No _____

Have you ever had any DWI arrests, charges, or convictions? Yes _____ No _____

Have you ever had your driver's license revoked or suspended? Yes _____ No _____

Have you ever been arrested/ charged or convicted of any sexual misconduct (including pornography)? Yes _____ No _____

Details:

Please provide COMPLETE contact information for three non-family references that have known you for at least one year.

Please do not list a relative or significant other. If possible, please list an employer or supervisor. Throwaway Ponies will mail a letter with a description of the TaPs program and reference form for them to complete and return. High school students should include a teacher and/or counselor.

(1) Name _____ **Phone** _____

Address _____

Fax _____ **Relationship to you** _____

(2) Name _____ **Phone** _____

Address _____

Fax _____ **Relationship to you** _____

(3) Name _____ **Phone** _____

Address _____

Fax _____ **Relationship to you** _____

Please respond to the following:

I am interested in working with children and horses as a volunteer because

**Throwaway Ponies
Volunteer Background Check Acknowledgement Form**

I hereby acknowledge that I have been informed Throwaway Ponies will be conducting a criminal background check of my history.

I understand that all information provided to and obtained by TaPs will be held in the strictest of confidence. TaPs may, however, disclose to other agencies and organizations which utilize volunteers, the fact that I applied for and/or served with TaPs as a volunteer. Furthermore, all information obtained by Throwaway Ponies shall be deemed to be the sole property of the agency and shall not be available to me or anyone outside TaPs.

Signature: _____ Date: _____

INDIVIDUAL CRIMINAL RECORD BACKGROUND CHECK INFORMATION

Full Name: _____

Prior Surnames/other names used: _____

Date of Birth: _____ Ethnicity: _____

Driver's License #: _____ **Please attach a copy of your license**

Current Address: _____

County: _____ No. of years you have lived at your current address: _____

List previous (past 10 years) address history below and approximate dates you lived at each address:



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www.throwawayponies.org

CONSENT FOR EMERGENCY MEDICAL CARE - Adult

In an emergency requiring medical attention or a situation reasonably believed by Throwaway Ponies ("TaPs") authorized agents or staff to be an emergent life threatening situation or injury, I _____ authorize TaPs and its authorized agents or staff to obtain emergency medical care for me. I will be responsible for any expenses incurred in so doing, including but not limited to care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of my health record from providers who treat me.

I hold harmless and agree to indemnify TaPs, its authorized agents, and employees and the staff of TaPs from decisions to seek emergency treatment.

No care will be given if participant is able to make their own decisions and choose not to receive care.

Special instructions: _____

Participant's Name: _____

Date of Birth: _____

*Please list any medical conditions (allergies, asthma, etc.) and medications being taken by the participant named above. Please list any other information you may deem relevant, and helpful to emergency medical personnel: (please note if no information is given and the words "none" or "n/a" is not filled in then, "none" will be assumed).

Date of Last Tetanus: _____

Allergies: _____

Medications: _____

Medical Conditions/Diagnosis: _____

Physician: _____ Phone: _____

Emergency Contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

*Participant's Signature: _____ Date: _____

Photo Release

I hereby grant **Throwaway Ponies, a 501(c)(3) organization**, permission to use my likeness in photograph or video (materials) in any and all of its publications, including website, without payment or any other consideration. I understand and agree that these materials will become the property of **Throwaway Ponies**. I hereby irrevocably authorize **Throwaway Ponies** to edit, alter, copy, exhibit, publish or distribute materials containing me or my likeness for purposes of publicizing **Throwaway Ponies'** programs or for any other lawful purpose. I waive the right to inspect or approve the finished material, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation related to the use of the materials. I hereby hold harmless and forever discharge **Throwaway Ponies** from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate may have by reason of this authorization.

I have read this release and I fully understand the contents and intent of this release.

(Signature)

(Printed Name)

(Date)

If the person signing is under age 18, there must be consent by a parent or guardian, as follows: I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian Signature)

(Parent/Guardian Printed Name)

(Date)



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ACKNOWLEDGEMENT OF RISK ACCEPTANCE OF RESPONSIBILITY AND RELEASE OF LIABILITY

Read it in its entirety. Fill in the blanks, sign and date at bottom. Fill out one release form per participant.

I, the undersigned, hereby acknowledge that I have voluntarily applied to engage in equine activity with Karen Bander, RN and/or Throwaway Ponies. I understand that any activity involving horses involves numerous risks, including loss of control, collisions and obstacles, whether they are obvious or not obvious. I and/or my family further understand that an animal, irrespective of its training and usual past behavior and characteristics, may act or react unexpectedly or unpredictably at times, and I also assume such risks.

I understand that I may encounter variation in terrain, which may result in injury or damages. I acknowledge that these are my responsibility, and I assume the risk for these hazards, including breaks, growth, debris, rocks, cliffs and other hazardous surface or subsurface conditions and obstacles, whether they are obvious or not obvious, man-made or natural. I understand that animals are unpredictable and that the risk of injury is inherent to the activity. I agree to assume all risk of injury or death caused by horseback riding and being around equines, whatever the cause, except as provided by law.

As consideration for being permitted by Karen Bander, RN to engage in equine activities either on the ground or horseback riding, I do hereby waive any claim and release Karen Bander and/or Throwaway Ponies and all owners, officers, members, affiliated organizations, land owners, agents, volunteers and or employees from any injury or death caused by or resulting from my participation in the activity of horseback riding or any activity related to the care of equines. I will not hold Karen Bander, Steven G. Bander, D.O. and/or Steven G. Bander, D.O., P.A. (dba Bander Family Medical Clinic) or Throwaway Ponies liable for any injury or accident while on the property at 2368 E. FM 552, Rockwall, TX 75087 or while riding under the supervision of Karen Bander or any Throwaway Ponies instructors at any other facility or outdoor area or while on any horses owned by Karen or Mary Bander or Throwaway Ponies. This contract shall be legally binding upon my estate, assigns, legal guardians, my personal representatives, and me.

I have carefully read this agreement and fully understand the concerns. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into the contract on behalf of myself and/or my family of my own free will.

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THIS RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.

If under 18 years of age, signature of parent or guardian is required.

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

Printed Name of Participant: _____ D.O.B. _____ Age: _____

Signature of Participant: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Parent or Guardian if under age 18 (Both parents must sign)

Printed Name of Parent or Guardian: _____ Relationship _____

Address: _____ City _____ Zip: _____

Cell Phone: _____ Home Phone: _____

E-mail: _____