Reins of Hope - Staff Application

2116 N. Obee Rd
P.O. Box 57
Hutchinson, KS 67504-0057
620-665-0906
reinsofhopehutch@gmail.com

Name:____
Address:____ City:__________________ Zip:________
Phone Home:_________________ Work:_________________ Cell:__________________
E-mail:____
Place of Employment:____

Please list two personal references (one must be non-family) who have known you for at least one year, including all Information requested.

Name:____
Address:____ City:__________________ Zip:________
Phone Home:_________________ Work:_________________ Cell:__________________
Relationship to you:______________________________ How long acquainted:__________________

Name:____
Address:____ City:__________________ Zip:________
Phone Home:_________________ Work:_________________ Cell:__________________
Relationship to you:______________________________ How long acquainted:__________________

Have you ever been convicted of, plead guilty or *nolo contendere* (neither admitting nor denying the charge) to, or received a suspended imposition of sentence, been placed on diversion, or otherwise been found guilty of any criminal or municipal ordinance violation? [ ]Yes [ ]No
Is your driver's license currently suspended? [ ]Yes [ ]No
Have you had a DUI/DWI? [ ]Yes [ ]No
Have there ever been allegations, complaints, or reports regarding your involvement in child abuse or neglect (regardless of whether the incident was confirmed or denied)? [ ]Yes [ ]No

You have my permission to contact my employer. I understand that any omissions or misstatements I may have made on this application form may be cause for my application to be declined or volunteer placement to be terminated. I understand that all Information, including driver's license, criminal background, child abuse/ neglect records, and sex offender registry, will be verified. I consent to such verification and declare that all statements I have made on this application are true, correct, and complete to the best of my knowledge. I understand that Reins of Hope may accept or decline this application without providing me any reason for the decision.

Physician's Name:______________________________ Medical Facility:________________________
Health Insurance Co.:__________________________________ Policy Number:__________________
Allergies to medications:____
Current medications:____

Emergency Contact(s):

Name:_______________________________ Relation:_______________ Phone:_________________

Name:_______________________________ Relation:_______________ Phone:_________________

Consent Plan (Please check one, sign, and date.)

[ ] Consent Plan: In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the properly of the agency, I AUTHORIZE Reins of Hope Riding Program to

1) Secure and retain medical treatment arid transportation if needed
2) Release client records upon request to authorized individual/agency f or medical emergency treatment

This authorization includes x-rays, surgery, hospitalization, medication, and any treatment procedures the physician deems "life saving." This provision will only be invoked if the person(s) above is not reached.

Consent Signature:____________________________________ Date:__________________

Client, Parent, 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. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Consent Signature:____________________________________ Date:__________________

Client, Parent, Legal Guardian

Photo Release (Be sure to check either you do or do not consent to photo release.)

I [ ] Do/[ ] DO NOT consent to or authorize REINS OF HOPE to reproduce and use any and all photographs or any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

Consent Signature:____________________________________ Date:__________________

Client, Parent, Legal Guardian

Liability Release (**Required** for participation)

Intending to be legally bound for myself, my heirs and assigns, executors, or administrators, I hereby waive and release forever all claims for damages against Reins of Hope, its board of directors, instructors, therapists, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in Reins of Hope activities.

Consent Signature:____________________________________ Date:__________________

Client, Parent, Legal Guardian

--

Signature:____ Date:__________________