



## Starbrite Volunteer Application Form

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

\_\_\_\_\_  
Name Last First Middle

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Email

\_\_\_\_\_  
Home Phone Cell Phone

\_\_\_\_\_  
Emergency Contact Name Emergency Contact Cell Phone

\_\_\_\_\_  
Parent/Guardian Name Parent/Guardian Phone Number

### How did you hear about us?

- Friend  Social Media  
 Online Volunteer Service  Recruiting Event  Other \_\_\_\_\_

### Volunteer Interest

- Weekend help  Side walking  Horse Handling  Barn work  Admin  
 Fundraising  Events  Volunteer Training  Facility maintenance  Grants

Please List Any Specific Day/Time Conflicts: \_\_\_\_\_

Are you a Veteran, first responder, or active service member?  Yes  No



## Volunteer Background Check Consent Form/Payment Policy

### AUTHORIZATION, WAIVER, and INDEMNITY

I, \_\_\_\_\_, the Applicant, hereby give my permission for Starbrite Therapeutic Equestrian Center to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data, as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with Starbrite Therapeutic Equestrian Center. I also understand that, if I remain a volunteer with Starbrite Therapeutic Equestrian Center, the criminal history records check may be repeated at any time. I understand that upon request, I will have an opportunity to review the information used to determine my eligibility and dispute the determination through an official grievance process. I, the Applicant named above, do, for myself, my heirs, executors, and administrators, hereby remise, release, and forever discharge and agree to indemnify and hold harmless Starbrite Therapeutic Equestrian Center and each of their officers, directors, employees, and agents from and against any and all causes of action, suits, liabilities, costs, debts and sums of money, claims and demands whosoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer for Starbrite Therapeutic Equestrian Center.

Name	Social Security Number	Driver's License Number
		State:
Have you ever been convicted of any felony or misdemeanor criminal offense?		Yes    No
Are you currently facing any pending criminal charges?		Yes    No
Do you have any criminal arrest, citation, infraction, or otherwise that has yet to be adjudicated?		Yes    No
Are you currently on probation or parole?		Yes    No
Are you required to register as a sex offender in any state, or outside of the United States?		Yes    No

I understand that there is an annual (non-refundable) \$20 fee to start the background check process and to be considered for a volunteer opportunity. I agree to pay by cash, check, PayPal, or debit card prior to having my application processed.

Date \_\_\_\_\_

Signature \_\_\_\_\_



Scan this QR code to pay the \$20 background check fee.

**This fee is waived for Veterans, first responders, and active service members.**

I have paid the \$20 background check fee.  Yes  No

How did you pay the background check fee?  Cash  Check  Card  Online



## Liability Release & Confidentiality Agreement

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

Parent/Legal Guardian: \_\_\_\_\_

**Liability Release:** Starbrite, its officers, members, employees, and agents (including volunteers) will not be responsible for any damages to person, animal or property at the Starbrite Therapeutic Equestrian Center or its grounds, nor will they be responsible for any property lost or destroyed. The undersigned Client or parent/guardian hereby releases Starbrite, its officers, members, employees, and agents from any and all liability and claims of any nature whatsoever, **including taking action to control, restrain, or confine the undersigned, for the safety or protection of the undersigned or others** and any damages whatsoever (including costs, expenses, and attorney's fees) that might result from damages, injuries, or losses to their person or property during, or in connection with, or arising out of, any class, lesson, demonstration, show, clinic, event or other function, **WHETHER OR NOT SUCH DAMAGES, INJURIES, OR LOSSES RESULT DIRECTLY OR INDIRECTLY FROM THE NEGLIGENT ACT OR OMISSION OR OF ANY INTENTIONAL OR WILLFUL ACT OR TORT OF SUCH RELEASED PARTIES OR OF ANY INVITEE OF ANY RELEASED PARTY.** WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. In exchange for the use of property owned by Starbrite and other valuable consideration, I agree that my use of premises and any animals, facilities, or equipment owned by Starbrite is at my own risk. I further agree to indemnify and hold harmless Starbrite, and its respective officers, members, employees, and agents, from any and all suits, actions or claims of any type arising from my use of the premises or participation in an equine activity, or of such use or participation by my guest, whether or not such claims result directly or indirectly from the negligent act or omissions of the indemnified parties or otherwise.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Volunteer, Parent or Guardian)

### Confidentiality Agreement:

I understand that all the personal information (written and verbal) about volunteers at **STARBRITE THERAPEUTIC EQUESTRIAN CENTER** is confidential and not to be shared with anyone without expressed written consent of the volunteer and their parent/guardian in the case of a minor.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Volunteer, Parent or Guardian)



## PHOTO/VIDEO SOCIAL MEDIA RELEASE FORM

I hereby grant Tyler Achievement Center for Kids dba Starbrite Therapeutic Equestrian Center (“Starbrite”) permission to use my likeness in a photograph, video, or other digital media (“photo”) for any social media marketing without payment or other consideration. This includes Instagram, Facebook, TikTok, and any other social media accounts used by Starbrite.

I understand and agree that all photos will become the property of the Starbrite and will not be returned.

I hereby irrevocably authorize Starbrite to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo, unless otherwise agreed upon in writing by both parties.

I hereby hold harmless, release, and forever discharge Starbrite 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 have or may have by reason of this authorization.

**I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW.**

I consent to and authorize

I do not consent to nor do I authorize

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

(Volunteer, Parent or Guardian)



**STARBRITE THERAPEUTIC EQUESTRIAN CENTER  
HIPAA CONFIDENTIALITY AGREEMENT**

Confidential information includes protected health information (PHI) as defined by the federal Health Insurance Portability and Accountability Act (HIPAA). PHI under HIPAA is defined as information that is received from, or created or received on behalf of Starbrite Therapeutic Equestrian Center ("Starbrite") or its affiliates and is information about an individual which relates to past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual. PHI includes medical records, student or educational records, and financial or billing information relating to a client's past, present or future mental or physical condition; or past, present or future provision of healthcare; or past, present or future payment for provision of healthcare and contains any of the following identifiers that may be used to identify the client in relation to PHI.

- Names
- Geographic subdivisions smaller than a state
- Telephone/fax numbers
- E-mail addresses
- Social Security Numbers
- Medical Record Numbers
- Health plan beneficiary numbers
- Account numbers
- All elements of dates related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89
- Certificate/license numbers
- Vehicle identifiers and serial numbers including license numbers
- Device identifiers/serial numbers
- Web Universal Resource Locators (URL's), internet protocol (IP address number)
- Biometric identifier (voice, finger prints)
- Full face photo image
- Any other unique identifying number, characteristic, or code

**I understand that Starbrite and its affiliates have a legal and ethical responsibility to maintain and protect the privacy and confidentiality of PHI and to safeguard the privacy of a client and Starbrite's information. In addition, I understand that during the course of my affiliation as a volunteer of Starbrite, I may hear or see other Confidential Information such as financial data and operational information that Starbrite is obligated to maintain as confidential. The term of this Confidentiality Agreement survives the length of my affiliation with Starbrite. I understand that violation of this Confidentiality Agreement may result in disciplinary action as well as potential personal civil and criminal legal penalties. The intent of this Confidentiality Agreement is to ensure that Volunteer of Starbrite comply with HIPAA Regulations and Starbrite Policies and Procedures.**

I will use and disclose PHI and/or Confidential Information only if such use or disclosure complies with the Policies and Procedures of Starbrite, and is required for the performance of my responsibilities as a volunteer of Starbrite. Since the use of PHI and Confidential Information includes access, I will not access or view any PHI or Confidential Information other than what is required to perform my responsibilities as a volunteer of Starbrite. If I am unsure about any disclosure, I will consult with staff including the Chief Executive Officer of Starbrite. I will not discuss any information pertaining to client PHI in an area where unauthorized individuals may hear such information, i.e. in common areas or areas where members of the public or families of clients may congregate or have been granted access to. I have read the above Agreement and agree to comply with all its terms as a condition of my continuing affiliation with Starbrite.

Volunteer Signature:

Staff Signature:

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

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



## **Volunteer Agreement and Acknowledgement of Receipt of Volunteer Handbook**

I acknowledge that I have been provided with a copy of the Starbrite Therapeutic Equestrian Center (the "Company") Volunteer Handbook, which contains important information on the Company's policies and procedures.

I understand that I am responsible for familiarizing myself with the policies in this handbook and agree to comply with all rules applicable to me.

I understand and agree that the policies described in the handbook are intended as a guide only and do not constitute a contract. I specifically understand and agree that the relationship between the Company and I is at-will and can be terminated by the either party at any time, with or without cause or notice.

Furthermore, the Company has the right to modify or alter my volunteer schedule and duties.

I understand that the Company reserves the right to make changes to its policies and procedures at any time at its discretion.

I have received the Volunteer Handbook. I have read (or will read) and agree to abide by the policies and procedures contained in the Handbook.

Name of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

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