



VOLUNTEER BACKGROUND CHECK/ RELEASE

Name: Last _____ First _____ Middle _____

Date of Birth: _____ Social Security No.: _____

Driver's License No. And State of Issue: _____

Personal History

Have you ever been convicted? Yes No

If yes: Civil Criminal Misdemeanor Felony

Nature of crime: _____

Date of conviction(s): _____

State, County, City: _____

Please give a detailed explanation: _____

Action/Disposition: _____

I understand that CCMTRC may conduct a background check, which could include, but not be limited to, regional, state, and national databases; employment, educational, motor vehicle, felony, misdemeanor, and sex offender records.

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Participant's Signature _____ Date: _____

Signature of Parent/Guardian (If under 18 years of age): _____

PHOTO RELEASE

I DO DO NOT Consent to and authorize the use and reproduction by Cross Creek Meadows Therapeutic Riding Center of any and all photographs and 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.

Participant's Signature _____ Date: _____

Signature of Parent/Guardian (If under 18 years of age): _____