



**EDUCATION:**

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

If student now, \_\_\_\_\_ Full or Part time? \_\_\_\_\_  
where? \_\_\_\_\_

Degree working \_\_\_\_\_ Graduation date: \_\_\_\_\_  
on: \_\_\_\_\_

In what languages can you communicate? \_\_\_\_\_

**PERSONAL**

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

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

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

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain \_\_\_\_\_

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What horse experience, if any, do you have? \_\_\_\_\_

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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:

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**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:** \_\_\_\_\_

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## 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:**

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**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 . . . .

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**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: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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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