



Old West

Special Trails

12280 Macon Road
Collierville, TN 38017
(901)-490-5555
www.oldwestspecialtrails.org

STAFF APPLICATION

Personal Information

| | | | |
|-----------------------|---|-------------------|---------------------|
| NAME | HOME PHONE | CELL PHONE | OTHER NUMBER |
| | | | |
| NICKNAME | SSN# | AGE | BIRTHDATE |
| | | | |
| EMAIL ADDRESS | PARENT'S EMAIL ADDRESS (if applicant is a minor) | | |
| | | | |
| STREET ADDRESS | CITY, STATE AND ZIP | | |
| | | | |

T-SHIRT SIZE (Circle One) S M L XL

EDUCATION

| EDUCATION | SCHOOL | FROM | TO |
|-------------------------------|--------|------|----|
| Middle School | | | |
| High School | | | |
| College/Graduate/Other School | | | |

WORK EXPERIENCE

| COMPANY NAME | IMMEDIATE SUPERVISOR | TASKS | DATES EMPLOYED |
|--------------|----------------------|-------|----------------|
| | | | |
| | | | |
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Please list any experience you have working with horses.

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| |

Please list any experience you have working with children.

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| |

Please list any counseling experience you have. (Riding Instructors and Camp Workers Only)

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| |
| |

- Do you have reliable transportation? YES___ NO___
- Are you certified in CPR? YES___ NO___
- Are you certified in First Aid? YES___ NO___
- If not, are you willing to become certified? YES___ NO___
- How did you hear about Old West Special Trails, Inc.? _____

What position are you applying for? (Check all that apply)

| Position Desired | |
|-------------------------|--|
| Riding Instructor | |
| Camp Director | |
| Camp Assistant Director | |
| Camp Worker | |
| Camp Volunteer | |
| Advanced Camp Worker | |
| Ranch Worker | |
| Feeder | |

I certify that all the information in this application is accurate to the best of my knowledge.

Signature: _____ Date: _____



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REFERENCES

Please list name and address of 3 references who can evaluate you professionally or personally. Do not include relatives or previous employers.

| NAME | ADDRESS | PHONE | RELATIONSHIP |
|------|---------|-------|--------------|
| | | | |
| | | | |
| | | | |

WHEN I CAN WORK:

Look at our website for this summer's camp dates and list below the week(s) you can work by order of preference.

OFFICE USE ONLY

| | |
|----------------|--|
| Interviewed by | |
| Date Hired | |
| Position | |

Weeks:

| |
|--|
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INSTRUCTOR AGREEMENT

I commit to reporting to work each day that I am scheduled. If I cannot report to work due to illness or other circumstance beyond my control, I will give my supervisor at least 24 hours' notice.

- I will be at Old West Special Trails, Inc. early enough to have my horse saddled before my lesson or camp begins.
- I will provide my own lunch each day.
- I will treat my supervisors, co-workers, horses, and students with respect.
- I will not talk (or text) on my cell phone during camp hours unless I am on my designated break.
- I will be patient and collected in all circumstances with every child and horse. Old West Special Trails, Inc. does not allow instructors to whip or beat a horse. While I am entitled to treat my own horse in any manner I choose, I agree to train and ride according to Old West Special Trails, Inc.'s rules when students are present.
- I understand that in all situations the students' safety comes before my own.
- I agree to wear a helmet at all times while I am teaching. I also agree to ensure my students wear a helmet the entire time they are on a horse.
- I understand that Old West Special Trails, Inc. is a Christian facility. While I am not obligated to share its beliefs, I do agree to uphold its moral standards when I am on the property. I will not bring alcohol on the premises. I also understand profanity will not be tolerated. If found doing any of these things, I understand I will be asked to leave and will not return to work for the rest of the summer.
- I understand that I must wear jeans, a short sleeve t-shirt, boots and a helmet when riding, and at no time during camp will I be allowed to wear a sleeveless shirt.
- I understand that Old West Special Trails, Inc. reserves the right to reprimand me if I fail to meet these standards. I also understand that Old West Special Trails, Inc. reserves the right to terminate my employment with just cause.

Participant's Name (Please print)

Participant's Signature

Parent's Name (Please print)

Parent's Signature

Date

Contact Phone



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EMPLOYMENT DISCLOSURE

It is required by law that all individuals working in a public facility for children read and respond to the following disclosure.

In consideration of employment or continued employment, the undersigned employee agrees to disclose the following:

1. Have you ever been questioned by the police, campus police, or any other law enforcement agent or officer regarding a criminal charge? _____
2. Have you ever been arrested, convicted, or brought to court for any criminal charge? _____
3. Have you ever been notified by a child welfare agency that you were the subject of a suspected child abuse report? _____

The undersigned further agrees that:

1. The possession of non-medically prescribed drugs or alcoholic beverages on Old West Special Trails, Inc.'s property or returning to Old West Special Trails, Inc.'s property under the influence of drugs or alcohol shall be reason for immediate termination.
2. Physically and/or verbally abusing, indecent touching or exposure of or to a student, camper, or other employee shall be reason for immediate termination.

It is also asked that the employee shall keep the owner informed of any offenses, convictions, or arrests subsequent to the signing of this disclosure.

Any misrepresentations in this application shall give Old West Special Trails, Inc. the right to terminate the undersigned employee.

It is hereby agreed that any and all rules, regulations, and policies of Old West Special Trails, Inc. and any special clauses attached hereto are made part of this contract.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY PERSONS OR ORGANIZATIONS REFERRED TO IN THIS APPLICATION TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYEMENT, EDUCATION, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION AND RELEASE ALL SUCH PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SUCH INFORMATION TO YOU. I AUTHORIZE YOU TO REQUEST AND RECEIVE SUCH INFORMATION, AND I WILL INDEMNIFY YOU AGAINST ANY LIABILITY THAT MAY RESULT FROM MAKING SUCH INVESTIGATION.

Participant's Name (Please Print)

Date

Participant's Signature

TO THE APPLICANT:

We appreciate your interest in our organization. The information requested in this form will give us a clear understanding of your qualifications, background, and work history, and will aid us in placing you in a position for which you are thereby best suited. The Civil Rights Act of 1964, as amended, prohibits discrimination in employment because of race, color, sex, religion, or national origin. The Age Discrimination in Employment Act in 1967, as amended, prohibits discrimination because of age. The Americans with Disabilities Act prohibits discrimination against those with disabilities. Various state laws prohibit some of the above as well as other types of discrimination. As an Equal Opportunity Employer, our company intends to comply fully with all applicable federal and state employment laws.



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MEDICAL AUTHORIZATION

Personal Information

| | | | |
|---------------|------------------|-------------------|-------------------|
| NAME | BIRTHDATE | HOME PHONE | CELL PHONE |
| | | | |
| STREET | CITY | STATE | ZIP |
| | | | |

It is important to have specific medical information so an emergency situation can be handled appropriately. Please complete the following information and submit any additional information that applies to your child.

Medical and Insurance Information

| | |
|----------------------------|------------------------------------|
| Known Allergies | Current Medications |
| | |
| Pediatrician's Name | Pediatrician's Phone Number |
| | |
| Insurance | Hospital Preference |
| | |
| Insurance ID Number | Group Number |
| | |
| Name on Policy | |
| | |

Does your child have any health history or current medical problems that we or an attending physician should be aware of?

_____ NO, my child has no known medical conditions _____ YES, please explain:

I give Old West Special Trails, Inc. permission to treat my child in an emergency situation.

Parent or Guardian Signature: _____

Date: _____



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RELEASE AND HOLD HARMLESS AGREEMENT

Whereas, the undersigned desires to participate in equine activities at Old West Special Trails, Inc. and fully understands and agrees that in participating in horseback riding lessons and activities, and while working as a volunteer or as an employee, there is the possibility of accidental or other physical injury, property damage, or loss. Therefore, for good consideration, the undersigned agrees to assume full responsibility for risk of such injury and hereby releases, discharges and acquits Old West Special Trails, Inc., Danny and Debbie Cooley, Bill and Brenda Simmons, any landowners, instructors, employees, or owners of horses, all individually and in all capacities which they may hold, their heirs, successors, assigns and personal representatives, from any personal injury, property damage, or loss of any kind arising from any act or occurrence surrounding and or connected with Old West Special Trails, Inc.

WARNING: Under Tennessee law an equine professional is not liable for any injury or the death of a participant in equine activities resulting from the inherent risk of equine activities, pursuant to Tennessee code Annotated, Title 44, Chapter 20. (Acts 1992, ch. 974, s6)

Participant's Name (Please print)

Participant's Signature

Parent's Name (Please print)

Parent's Signature

Date

Contact Phone