

Reins From Above Therapeutic Riding Center, Inc.

86 Polenta Road
Smithfield, NC 27577
Phone: 919-938-1556

Website: www.reinsfromabove.org

Volunteer/Staff Information, Releases, and Health History

Date: _____ Email Address: _____

Volunteer/Staff Name: _____ Date of Birth: _____ Age: _____

Address: _____ State: _____ Zip: _____

Employer/School: _____

Work Address: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ Cell _____

Parent/Legal Guardian Name: _____

Address: _____ State: _____ Zip: _____

Adult Caregiver, if any,

Name: _____ Address: _____ Phone: _____

How did you learn about this program: _____

HEALTH HISTORY

Recent medical tests: Last Tetanus Shot: _____ Tuberculosis Test + --Date: _____

(Consult your physician or local health department if you are not up to date with these shots/tests.)

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes

Allergies (to Medications, etc.): _____

Current Medications: _____

CHECK ALL AREAS/TASKS/SKILLS YOU ARE INTERESTED IN:

General Areas

Horses	Games	Arts and Crafts	Music
Repairs/Carpentry	Barn Maintenance	Office Work/Filing/Scheduling	Merchandise/Food Sales/Prep
Photography/Vidiography	Writing Newsletter Articles	Announcer/Show Assistant	

Program Volunteer Horse Shows Administration Day Camps

Leading a horse	Office Crew/Awards	Fundraising	Set-up/Clean-up
Side walking with a student ? Stable Management	Horse Handler/Assistant Ring Crew/Runner Food/Merchandise	Newsletters/Mailings Volunteer Recruitment Scrapbook/T-shirt Art	Arts & Crafts/Games Talent/Hobby Demo Food Prep/Service

Grooming/Tack	Sales	Cleaning	

PHOTO/VIDEO RELEASE

I consent to and authorize the use and reproduction by Reins From Above Therapeutic Riding Center, Inc. of any and all photographs and any other digital, audiovisual, or videotape materials taken of me/my child/my ward for promotional printed material, internet website, educational activities, exhibitions or for any other use for the benefit of the program or NARHA.

Date _____ Signature _____
 Print Name _____

Date _____ Signature _____
 Print Name _____

(Volunteer / Staff; Parents/legal guardians must sign for children under 18 or wards of the court.)

Background Information; Have you ever been convicted of a felony? No ? Yes If yes, explain:

Confidentiality Policy/Statement

1. Riders and their families, staff members, and volunteers have a right to privacy that gives them control over the dissemination of their medical or other sensitive information. **The therapeutic riding center shall preserve the right of confidentiality for all individuals in its program.**
2. **The staff shall keep confidential all medical, social, referral, personal and financial information regarding a person and his/her family. Any person who accidentally obtains such information must not disclose it to anyone without proper authorization.**
3. **Anyone who works or volunteers for, or provides services to, the therapeutic riding center is bound by the confidentiality policy, including but not limited to: full- and part-time staff, independent contractors, temporary employees, volunteers, and board members.**
4. **A person must be over the age of 18 to give consent for disclosure of medical or sensitive information. For anyone under the age of 18, only parent(s), legal guardian or other legal representatives may give consent for disclosure.** Adults with developmental disabilities are presumed legally competent to give or deny disclosure unless they have been adjudicated incompetent to make this type of health care decision. If a substitute decision maker has been appointed, written consent must be obtained from that individual.
5. **Disclosure of private or sensitive information will not be given out without a person's consent based on a *perceived* need to protect staff or anyone else from possible exposure through casual contact. EVERYONE should commonly practice infection control procedures with all riders and volunteers under the assumption that anyone could have HIV, hepatitis, or other blood-borne diseases.** Casual contact poses NO RISK of transmission of diseases such as HIV.
6. **Information will be disclosed to outside agencies or individuals only with the specific written consent of the rider or client (or volunteers due to a medical emergency).**
7. **Breach of this confidentiality policy may result in reprimand, loss of certain job/volunteer responsibilities, or termination of services/employment,** to be determined by the Program Director and/or Board of Directors based on the severity of the breach.

Other grounds for dismissal of volunteers or staff include, but are not limited to:

- 1) the use of drugs or alcohol on the grounds or at a Reins From Above Therapeutic Riding Center, Inc. event, 2) verbal or physical abuse or sexual harassment or other inappropriate behavior toward participants or other volunteers or staff members, 3) mistreatment of the horses or other animals at Reins From Above Therapeutic Riding Center, Inc., 4) the expression of vulgar language, "off-color" jokes, or disrespectful language, 5) frequent missed "work" times, without prior explanation, 6) abuse of phone privileges, 7) smoking in prohibited areas, 8) persistent failure to follow the rules or directions of the instructors or persistent disruption of riding lessons.

I have read, I understand, and I will follow the guidelines of the confidentiality policy, barn rules and policies and volunteer/staff conduct at Reins From Above Therapeutic Riding Center, Inc. **(Parents/legal guardians must sign for children under 18 or wards of the court. Both parents/guardians must sign below if there is joint or shared custody.)**

Date _____ Signature _____
 Print Name _____

Date _____ Signature _____
Print Name _____



PATH
INTERNATIONAL

Professional Association of Therapeutic
Horsemanship International

— MEMBER —