

VOLUNTEER INFORMATION UPDATE FORM
TO BE COMPLETED ANNUALLY

Date: _____ Date of Birth: _____ Cell phone: (____) _____

Legal Name: _____ Nickname: _____

Address: _____

City _____ St: _____ Zip: _____

Cell/Home phone: (____) _____ Email address _____

Your supervisors name: _____ Work phone: (____) _____

May we call you at work? Yes No

If you are a student, school name: _____

What is the best way to get in touch with you in case of a class cancellation?

Home Work Cell E-Mail FaceBook

Emergency Information

In case of emergency I give permission to Therapeion TRC to secure medical treatment, including but not limited to, x-ray, emergency surgery, hospitalization, emergency transportation, and medication.

Emergency Contact Information:

Name: _____ Relationship: _____

Home phone: (____) _____ Cell phone: (____) _____

Your Doctor Information:

Name: _____ Phone: (____) _____

City: _____ State: _____

Hospital: _____ City: _____

Consent Signature: _____ Date: _____

Non-Consent Signature: _____ Date: _____

Consent for Mandatory Background Check

SocSec# _____ - _____ - _____

I hereby authorize Therapeion Therapeutic Riding Center, Inc. to conduct a limited criminal history check on me that will include sex offender and criminal history information. I understand that this confidential information will be kept in the locked files at Therapeion. In addition, I may request a copy of the report that is produced through this check.

Consent Signature: _____

Volunteer Liability Release: *As a volunteer at Therapeion TRC, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself and my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Therapeion Therapeutic Riding Center Inc., its board of directors, instructors, therapists, volunteers, riders, and/or employees, or barn owners or managers for any and all injuries and/or losses I may sustain while participating at Therapeion Therapeutic Riding Center, Inc..*

Indiana State Equine Laws states: *“Under Indiana law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities”.*

Your signature below indicates that you have read and understand the above liability release and have voluntarily agreed to participate in this program.

Signature: _____ Date: _____

Please Print Your Name: _____

THERAPEION THERAPEUTIC RIDING CENTER, INC.
CONFIDENTIALITY AGREEMENT

As an employee/volunteer of Therapeion Therapeutic Riding Center, Inc., you may have access to “Confidential Information”. The purpose of this agreement is to help you understand your obligations regarding confidential information.

Confidential information is protected by Federal and State laws, regulations, including HIPAA, and strict Therapeion policies. The intent of these laws, regulations, standards and policies is to insure that confidential information will remain confidential - that is, that it will be used only as necessary to accomplish the purpose for which it is needed.

As an employee/volunteer you are required to conduct yourself in strict conformance with applicable laws, standards, regulations and Therapeion polices governing confidential information. Your principal obligations in this area are explained below. You are required to read and to abide by these rules. Anyone who violates any of these rules will be subject to discipline, which might include, but is not limited to, termination.

Protected Health Information (PHI) as defined by HIPAA includes, but is not limited to, names, diagnoses, all geographic subdivisions; all elements of dates (except year) for dates directly related to an individual, full face photographic images and any comparable images; and any other unique identifying number, characteristic, or code.

In the event that you do have access to confidential information, you hereby agree as follows:

- You will only use confidential information/data as needed/necessary to perform your duties as an employee/volunteer of Therapeion.
- You will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information/data.
- You will not misuse confidential information/data or be careless with it.
- You will report activities by any individual or entity that you suspect may compromise the confidentiality of information
- You understand that your obligations under this Agreement will continue after your affiliation with the Therapeion terminates.
- You will be responsible for your misuse or wrongful disclosure of confidential information and for your failure to safeguard confidential information.
- Therapeion may take disciplinary action against you in the event you violate this Confidentiality Agreement.

I certify that I have read and understand the Confidentiality Statement printed above and hereby agree to be bound by it.

Signature

Print Name

____/____/____