

# Therapeion Therapeutic Riding Center, Inc.

11030 South 200 West Brookston, IN 47923  
(765) 414-8066

## VOLUNTEER APPLICATION

*\*All volunteers must be at least 16 years old\**

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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 we have a class cancellation? Home phone

Cell phone E-mail Facebook

### Emergency Information

*In case of emergency I give permission to Therapeion Therapeutic Riding Center Inc. (TTRC) to secure medical treatment including, but not limited to, x-rays, emergency surgery, hospitalization, emergency transportation and medications.*

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Your Doctor Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Hospital: \_\_\_\_\_

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Non-consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Consent for Criminal Background Check

I give my consent for Therapeion Therapeutic Riding Center to use my Social Security number to perform the federally mandated criminal background check. I understand I may request a copy.

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Photo and Media Release**

*I consent to and authorize the use and reproduction by TTRC of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions, publications, broadcast, website, or for any other use for the benefit of the programs.*

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Non-consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Volunteer Liability Release**

*As a volunteer of Therapeion Therapeutic Riding Center, Inc. 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, including death, I may sustain while participating at Therapeion Therapeutic Riding Center, Inc..*

***Indiana State Equine Laws states: Under Indiana law, and 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 indicate that you have read and understand the above liability release and have voluntarily agreed to participate in this program.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**If under 18 years old:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to the volunteer: \_\_\_\_\_

**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 ensure 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.

If 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.”

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Signature

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Print Name

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Date

**THERAPEION THERAPEUTIC RIDING CENTER, INC.**

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Brookston, IN 47923

1. Have you ever volunteered at another therapeutic riding center? YES NO  
If yes, where? \_\_\_\_\_
2. Can you walk for 45 minutes, jog for short distances, hold your arms above shoulder height, and support a modest weight? YES NO  
If no, please explain: \_\_\_\_\_
3. Do you have any allergies, asthma, or medical problems which would affect your ability to work with horses or in a barn? YES NO  
If so, please describe: \_\_\_\_\_
4. Do you have experience with horses? YES NO  
If yes, please describe: \_\_\_\_\_  
OWN SHOW RIDING LESSONS OTHER  
Please describe your level of horse expertise: \_\_\_\_\_
5. Do you have experience working with person with disabilities? YES NO  
If yes, please describe: \_\_\_\_\_
6. How did you hear about Therapeion? \_\_\_\_\_
7. Are you fulfilling community service hour requirements? YES NO  
If so, for what organization? \_\_\_\_\_  
Your supervisor's name: \_\_\_\_\_  
Your supervisor's phone  
number: \_\_\_\_\_
8. Does your employer support charitable organizations? YES NO  
If yes, do you need information about Therapeion to take to them? YES NO