



Love for Therapeutic Riding

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Tax ID 26-2965095

a faith-based, non-profit program



Special Olympics
South Carolina



PATH
INTERNATIONAL
Professional Association of Therapeutic
Horsemanship International
— MEMBER —

Volunteer Forms

Agreement of Confidentiality

As a participant in activities at Equine Assisted Therapy, I agree to hold in strict confidence those names, all medical, social, referral, personnel, and financial information regarding clients, staff, volunteers or any and all participants at LOVE for Therapeutic Riding at any time and in any capacity. I agree to the above stipulations regarding confidentiality, and further understand that violating this agreement in any way may result in the termination of my association with LOVE for Therapeutic Riding, and possible criminal charges.

Name: _____ (print legibly)

Signature: _____ Date: _____

For minor or ward: _____ (print legibly)

Background Information

Have you ever been charged with or convicted of a crime, including sex related or child abuse related offenses?

Yes No

If Yes, please explain: _____

CURRENT DRIVERS LICENSE: Yes No LICENSE NO. _____ STATE: _____

Volunteer Pledge

As a volunteer at LOVE for Therapeutic Riding, I agree to follow the rules and guidelines in this or any following editions of the LOVE for Therapeutic Riding Volunteer Handbook. I have read or have had the Volunteer Handbook explained to me, and I will keep the current edition for reference. I will attend continuing education training/volunteer classes once a year (or more often if required by LOVE for Therapeutic Riding) throughout my volunteer service to LOVE for Therapeutic Riding. I understand that violating the rules and guidelines at LOVE for Therapeutic Riding may result in my dismissal from the program. If my contact information changes, I will notify the LOVE for Therapeutic Riding staff as soon as possible. I understand that the staffs at LOVE for Therapeutic Riding, including instructors and administrators, are in control of the activities that I participate in at LOVE for Therapeutic Riding and I will follow their direction. I understand that from time to time the guidelines or rules may change and that it is the responsibility of the staff at LOVE for Therapeutic Riding to inform me of those changes and provide me with those changes in a timely manner.

Name: _____ (print legibly)

Signature: _____ Date: _____

For minor or ward: _____ (print legibly)