

BACKGROUND INFORMATION

High Lonesome Therapeutic Equestrian Center reserves the right to perform background checks and/or drug screenings on all volunteers.

Current Driver's License? Y N License Number: _____ State: _____

IN CASE OF AN EMERGENCY NOTIFICATIONS

Primary Name: _____ Relationship: _____ Phone: _____

Secondary Name: _____ Relationship: _____ Phone: _____

Allergies/medical concerns: _____

CONFIDENTIALITY STATEMENT

The volunteer shall keep confidential all medical, social, referral, personal and financial information regarding a rider, their family, other volunteers or staff, including information on High Lonesome Therapeutic Equestrian Center mailing lists. Additionally, there will be no posting of pictures or other information on any social networking site, i.e. Facebook, Twitter, YouTube, etc. without expressed permission of High Lonesome Therapeutic Equestrian Center and the parents or guardians of the High Lonesome Therapeutic Equestrian Center participant.

I understand and will observe the confidentiality policy of High Lonesome Therapeutic Equestrian Center

Volunteer Initials

Volunteer Signature: _____ **Date:** _____

Parent/Guardian (if under 18) _____ Phone #: _____
(Print name)

Parent/Guardian Signature (if under 18): _____

FORM REVIEWED: _____/2022 _____/2023 _____/2024 _____/2025 _____/2026 _____/2027

VOLUNTEERS MUST INITIAL ONCE PER YEAR TO VERIFY INFORMATION IS CURRENT.

~ ANY CHANGES WILL REQUIRE A NEW FORM. ~