

The Saddle Light Center for Therapeutic Horsemanship

Retama Equestrian Center
17530 Old Evans Road
Selma, TX 78154
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www.thesaddlelightcenter.com



Volunteer Authorization and Release

Volunteer Name: _____ Volunteer Time/Day(s): _____

Address: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____ Date of Birth: _____

If under 18 years: Parent/Guardian Name: _____ Phone: _____

Address: _____ City _____ State: _____ ZIP: _____

In Case of Emergency: In the event that emergency medical aid/treatment is required while participating in program activities, or while on the property of the agency, Saddle Light Center will seek treatment as indicated below.

- I DO authorize the **Saddle Light Center** to secure medical treatment and transportation.
- I DO NOT authorize the **Saddle Light Center** to secure medical treatment and transportation.

Emergency Contact Name: _____ Phone: _____ Relation: _____

Address: _____ City: _____ State: _____ ZIP: _____

Physician: _____ Phone: _____

Hospital: _____ Location: _____

Photo Release: From time to time Saddle Light will use photographs or other audio-visual materials taken at the center for promotional or educational purposes to benefit the center and its programs.

- I DO authorize the **Saddle Light Center** to use any photographs or other audio-visual materials taken of me.
- I DO NOT authorize the **Saddle Light Center** to use any photographs or other audio-visual materials taken of me.

Volunteer Liability Release:

As a volunteer in the Saddle Light Center program, I acknowledge the risks and potential for risks of a horseback riding program. However I feel that the possible benefits for myself and the clients with whom I work are greater than the risks assumed. I hereby waive and release forever all claims for damages against The Saddle Light Center, its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in The Saddle Light Center's program.

Date: _____ Volunteer Signature: _____

Confidentiality Policy

I have read and agree to abide by The Saddle Light Center Confidentiality Policy (attached pg. 3 & in Handbook pg. 8)

Date: _____ Volunteer Signature: _____

If volunteer is under 18 years of age:

Date: _____ Parent/Guardian Signature: _____

NOTE: UNDER TEXAS LAW (CHAPTER 87, CML PRACTICE AND REMEDIES CODE), 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.

Added by Acts 1995, Leg., Ch. 549, section 1, effective September 1, 1995.

Thank you for your interest in volunteering at The Saddle Light Center for Therapeutic Horsemanship. The following questions are designed to help us learn more about you so that we can continue to improve our volunteer program and help you fulfill your expectations as a volunteer. We want you to enjoy your volunteer experience as much as possible, because we can't do it without you!

How did you first learn about The Saddle Light Center? If referred, please list which organization or individual told you about us.

Why do you want to volunteer with The Saddle Light Center?

Have you volunteered at The Saddle Light Center or another therapeutic riding center before? _____ Yes _____ No If yes, where? What were your responsibilities?

Please list any special talents you have that you would like to contribute (administrative assistance, event planning, marketing, computer skills, fundraising, photography/videography, carpentry, etc.)

Have you had any previous experience working with children or adults who are physically, visually, auditorially or emotionally challenged? _____ Yes _____ No
If yes, please describe.

Have you had previous experience working with horses? _____ Yes _____ No
If yes, please describe.

Are you certified in First Aid? _____ Yes _____ No CPR? _____ Yes _____ No

Please check all areas in which you have a special interest in expanding your volunteer role.

_____ Tack cleaning/repair	_____ Barn/grounds maintenance
_____ Administrative assistance	_____ Fundraising
_____ Event planning	_____ Marketing/public relations

How far will you have to travel to reach the Saddle Light Center?

Can you work at least one night per week for at least four hours? _____ Yes _____ No
If yes, which night (M-F)? If no, when are you available to volunteer?

Additional information or comments you wish to share?

Thank you!

Confidentiality Policy

The confidentiality policy applies to the disclosure of medical and/or sensitive information. The purpose of this policy is to ensure the protection of personal information for all who participate in the Saddle Light Center program.

- **ALL** medical, social, referral, personal and financial information regarding riders and their families shall be kept confidential.
- Anyone with access to confidential information who works, volunteers or provides services to SLC shall be bound by the terms of this Confidentiality Policy. Those bound by this policy include, but are not limited to, full-time and part-time employees, independent contractors, volunteers and board members. Prior to performing any volunteer activities, a volunteer shall read and acknowledge receipt of this Confidentiality Policy.
- If a volunteer is under the age of 18, a parent or legal representative must read and acknowledge receipt of this Confidentiality Policy on behalf of the minor.
- Disclosure of information to outside agencies or individuals shall be done only by the instructor and only with the specific written consent of the rider.
- Interagency disclosure of information shall be on an as-needed basis only.
- Instructors, the Executive Director and Volunteer Coordinator shall ensure that all staff and volunteers receive a copy of the Confidentiality Policy.
- All confidential records will be kept in a secured location.
- Violations of the Confidentiality Policy will result in reprimand, loss of certain job or volunteer responsibilities, or termination.

The Executive Director shall be responsible for reviewing and acting upon any violations of the Confidentiality Policy.

Volunteer Signature: _____ Date: _____