



## ***Therapeutic Equestrian Center Volunteer Contract for Services***

I \_\_\_\_\_ (name of volunteer) have read, fully understand and accept the terms and conditions of volunteering as presented in the Volunteer Handbook. I agree to abide by the organization's policies and procedures and understand that failure to do so may result in my termination as a volunteer. As a volunteer of this organization, I agree to adhere to the following at all times:

1. To provide my time and service without remuneration
2. Arrive on time (15 minutes prior to a scheduled lesson) and stay until my assignment is complete
3. To work at least one lesson per week for the eight-week session beginning \_\_\_\_\_ and ending \_\_\_\_\_
4. If for any reason I cannot fulfill my agreed upon hours, I will be responsible for finding my replacement. (Contact the Director of Volunteers for suggestions)
5. To support the principles of the organization and the implementation of the organization's mission while on duty as a volunteer
6. Abide by all written policies and guidelines provided to me - relevant to my volunteer work
7. To maintain strict confidentiality
8. Conduct myself in a professional manner at all times
9. To adhere to the posted barn rules at all times
10. Refrain from using offensive language and conduct
11. To participate in designated training sessions when provided to help in my volunteer assignment
12. Perform all assigned tasks to the best of my ability, and not report to work while under the influence of alcohol or drugs
13. Share any concerns with the appropriate people according to policy.

14. Keep confidential all medical, social, referral, personal, and financial information, written and verbal about participants and other volunteers at the Therapeutic Equestrian Center. I will access this information or disclose it to others within the program only when the scope of my assignment and the needs of the participant require the sharing of this information.

15. Be courteous and respectful to the public, volunteers, and employees and treat with courtesy each individual with whom I come into contact regardless of race, color, religion, age, gender, sexual orientation or national ancestry

I give my permission for the TEC to use, without limitation or obligation, photographs, film footage or tape recording which may include my image or voice for the purposes of promotion of or interpreting TEC programs and events.

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

Volunteer printed name: \_\_\_\_\_

**Therapeutic Equestrian Center Agrees to:**

1. Provide the volunteer with appropriate policies and procedures.
2. Provide orientation about volunteer roles and the organization
3. Offer basic and extended volunteer training
4. Provide job descriptions
5. Provide assistance, program support and encouragement
6. Track and give recognition for time and energy devoted to Therapeutic Equestrian Center

Staff printed name: \_\_\_\_\_

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

**STATEMENTS THAT APPEAR BELOW APPLY ONLY TO APPLICANTS 18 YEARS OF AGE AND OLDER** In connection with my application for volunteering (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil and other experiences. **I acknowledge that certain offenses, which include but are not limited to violent crimes, sex offenses, crimes against children, and drug or alcohol offenses found in these inquiries may result in me being ineligible to volunteer.** I authorize without reservation, any party or agency contacted by TEC to furnish the above mentioned information. I hereby consent to TEC obtaining the above information. I understand to aid in the proper identification of my file or records, the following information, as well as other information, is necessary.

Print Name: \_\_\_\_\_ Maiden or Alias \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F

Current Street Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please List All States in Which You Have Lived in the Past 5 Years:

\_\_\_\_\_

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

Date \_\_\_\_\_