



MARIANNA GREENE HENRY SPECIAL EQUESTRIANS OF AIDB

VOLUNTEER/STAFF INFORMATION FORM

Date of Birth: _____

First Name: _____ Last Name: _____

E-Mail Address: _____

Address/City/Zip: _____

Phone (H): _____ Phone (W): _____ Phone (C): _____

If under 18, Parent, Legal Guardian: _____ Phone: _____

Caregiver Name: _____ Phone: _____

Emergency Contact:

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Health History:

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes that might adversely affect your ability to volunteer in this program.

Confidentiality Agreement:

It is the policy of the Alabama Institute for Deaf and Blind (AIDB) to treat all student information as CONFIDENTIAL. In an effort to protect the rights of students, we strongly discourage casual conversation concerning any information that might prove damaging to those students who make up our service population. Personal information concerning individual student progress, goals, behavioral status, or academic inadequacies should be discussed only on a need-to-know basis. This information should be shared only with those persons required for service delivery or mandated by law. Information considered confidential also includes all medical, social, referral, personal and financial information regarding any participant of the MGH Special Equestrian Program.

I understand that all information (written and verbal) about participants at the MGH Arena of AIDB is confidential and will not be shared with anyone without the express written consent of the participant and their parent/guardian in the case of a minor. I also understand that violation of this confidentiality policy may, at a minimum, result in the termination of my association as a volunteer with the program.

Volunteer/Staff Release Record

Release of Liability:

The physicians, organizers, officers, directors, representatives, agents, or employees of the MGH Arena and AIDB are hereby released from any claim for damage of suit for any reason during the course of the riding and transportation to or from the stable and/or to any event, and in regard, I agree that on my own behalf and/or for the child/ward not to file a claim to bring suit for any such event against the MGH Arena of AIDB.

Consent for Emergency Medical Treatment Release:

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of the agency, I authorize MGH Arena of AIDB to:

1. Secure and retain medical treatment and transportation if needed.
2. Release records upon request to the authorized individual or agency involved in the emergency medical treatment.

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the emergency contact listed is unable to be reached.

I _____ DO CONSENT
(Volunteer, Staff, Legal Guardian, or Parent)

OR

I _____ DO NOT CONSENT
(Volunteer, Staff, Legal Guardian, or Parent)

Media/Photo Release:

I _____ DO or _____ DO NOT consent to and authorize the use and reproduction by MGH Arena of AIDB and all photographs and any other audio-visual materials taken of me and/or my child/ward for promotional material, educational activities, exhibitions or for the benefit of the program. I hereby release the from any and all claims in its usage.

Consent for Criminal History Release:

Have you ever been charged with or convicted of a crime? _____ YES or _____ NO

If yes, please explain _____

I authorize MGH Arena of AIDB to receive Information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state, or federal government, to the extent permitted by state and federal law, pertaining to any convictions for crimes committed upon children.

I understand that such access is for the purpose of considering my application as a volunteer and that I expressly DO NOT authorize the MGH Arena of AIDB, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signatures for Confidentiality Agreement & All Releases:

I have read and fully understand the provisions of the above confidentially agreement and releases. I hereby agree that I and said minor will be bound thereby.

(Signature)

Date: _____

If under 18 years: _____
(Parent or Legal Guardian Signature)

Date: _____