

VOLUNTEER ACKNOWLEDGEMENTS (717) 615-9222 (main) (717) 203-7388 (volunteer coordinator)

Please print in ink. FILL OUT BOTH SIDES

VOLUNTEER INFORMATION

Name:	DOB (MM/DD/YY):	Phone:
Printed Parent or Guardian's Name (if under 18):	Email:	

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:	Relationship:	Phone:
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LIABILITY INSURANCE COVERAGE

I understand and accept that Greystone Manor Therapeutic Riding Center (GMTRC) does not carry liability insurance that covers injuries or general liability for volunteers. I understand that I must obtain such coverage on my own.

Signature of Volunteer/Parent/Guardian:	Date:
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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT (MUST BE FULLY COMPLETED)

In the event emergency aid/treatment is required due to illness or injury during the process of rendering services, or while being on the property of the agency, I authorize GMTRC to:

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

Preferred Medical Facility:	Health Insurance Policy No.:
Health Insurance Company:	
Health Insurance Phone:	<i>If your health insurance coverage changes or lapses, please notify the Volunteer Coordinator.</i>

CONSENT PLAN I DO CONSENT

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 person listed below is unable to be reached.

Signature of Volunteer/Parent/Guardian:	Print Name:	Date:
Address:	City, State, Zip:	

NON-CONSENT PLAN I DO NOT CONSENT

I DO NOT give consent for emergency medical treatment/aid in the case of illness or injury during the process of rendering services or while on the property of the agency. In the event emergency treatment/aid is required, I WISH THE FOLLOWING PROCEDURES TO TAKE PLACE:

Who should be contacted?	Relationship:	Phone:
Signature of Volunteer/Parent/Guardian:	Print Name:	Date:

Complete reverse side

PHOTO RELEASE (CHECK ONE) I DO CONSENT I DO NOT CONSENT

I hereby (consent to or do not consent to) the use and reproduction by GMTRC of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional content printed and electronic material, educational activities, exhibitions, or for any other use for the benefit of the program.

Signature of Volunteer/Parent/Guardian:

Date:

POLICY OF CONFIDENTIALITY

I understand that all information including but not limited to personal, medical, and financial documents are confidential among all volunteers, participants, and staff. Confidentiality is considered one of the most basic responsibilities at GMTRC.

Signature of Volunteer/Parent/Guardian:

Date:

BACKGROUND CLEARANCES (Applies to Volunteers 18 years of age or older)

In accordance to the GMTRC's Volunteer Screening Policy, I will obtain a PA State Police Request for Criminal Record Check and a PA Child Abuse History Clearance at my own expense. I authorize GMTRC 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 I may have had for violations of state or federal criminal laws, including but not limited to, convictions for crimes committed upon children.

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

Signature of Volunteer/Parent/Guardian:

Date:

ASSERTION OF ACCURACY

I assert that the information provided above and on the previous page is accurate to the best of my knowledge and I agree with the terms stated above. I will not take or be under the influence of alcohol or any illegal drugs while volunteering or working at GMTRC.

Signature of Volunteer/Parent/Guardian:

Date: