



Riding Center

206 Ridge Drive, Naples, Florida 34108

Phone: (239) 596-2988 / Fax: (239) 514-2908

Email: info@NTRC.org Web: www.NaplesTherapeuticRidingCenter.org

Instruction: This application must be filled out completely, legibly, accurately, signed and dated to be processed. If applicants are under 18 years of age, parental or legal guardian consent must be signed where indicated below.

Date Received By NTRC Office: _____

Annual Renewal Volunteer Sign-Up Packet

Name: _____ Date of Birth: _____

Local Address: _____
(Street) (City) (State) (Zip)

Seasonal Address: _____
(Street) (City) (State) (Zip)

Phone: _____
(Home) (Cell) (Work/Alternative)

Email Address: _____

Confidentiality and Non-Disclosure Agreement (HIPAA & RED FLAGS RULE)

I, _____, (Circle One) I DO / I DO NOT consent that I will not divulge Naples Therapeutic Riding Center DATA TO ANY UNAUTHORIZED PERSON FOR ANY REASON. Neither will I directly nor indirectly use, or allow the use of, Naples Therapeutic Riding Center data for any purpose other than that directly associated with my official assigned duties. I understand that ALL RIDER/PARTICIPANT and VOLUNTEER INFORMATION, including financial data, are strictly confidential.

Furthermore, I will not, either by direct action or by counsel, discuss, recommend, or suggest to any unauthorized person the nature or content of any Naples Therapeutic Riding Center information. I understand that the identity of any Naples Therapeutic Riding Center participant is confidential and may not be disclosed intentionally. I agree to treat any information regarding NTRC's participants as privileged and confidential. I will not reveal or disclose this information to anyone other than authorized persons.

Violation of confidentiality is cause for disciplinary action, including immediate dismissal. I understand that signing this document does not preclude me from reporting instances of breach of confidentiality.

Signature

Date

Printed Name



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VOLUNTEER AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical treatment is required due to illness and/or injury during the process of volunteering, while being on the property of the agency, I authorize **NAPLES THERAPEUTIC RIDING CENTER**, and its agents/representatives to:

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

Name:			
Phone:			
Address:			
Physician:			
Insurance Company:			
Policy #:		Group#:	
Insurance Phone #:			
Preferred Medical Facility:		NCH	North Collier
		Other:	

(Please realize that in a true emergency, transport will be to the nearest appropriate facility)

Emergency Contact Information:

Name: _____

Relationship: _____

_____	_____	_____
Home Phone	Cell Phone	Work Phone

CONSENT PLAN: (Circle One) I DO / I DO NOT consent to emergency medical treatment. This authorization includes x-ray, hospitalization, medication, and any treatment procedure deemed "life-saving" by the physician on duty. This provision will be invoked if the emergency contact is unable to be reached and the volunteer listed above is unable to make decisions for him/herself. If you DO NOT consent to emergency medical treatment, please indicate the procedures you wish to have followed in the event of an emergency _____

Signature of Responsible Party

Printed Name

Date



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EQUINE RELATED ACTIVITY RELEASE & HOLD HARMLESS AGREEMENT

KNOW ALL MEN BY THESE PRESENTS: That _____, (hereinafter referred to as "Volunteer/ Participant/Guest"), for and in consideration of participation in any Naples Therapeutic Riding Center, Inc. programs and presence on any NTRC property and for other good and valuable consideration in hand received by Volunteer/Participant/Guest, the receipt and adequacy of which are hereby acknowledged, does hereby RELEASE AND HOLD HARMLESS, Naples Therapeutic Riding Center a Florida nonprofit corporation, and it's successors and /or assigns, agents, principals, representatives and employees, (hereinafter collectively referred to as "NTRC") of and from all manner of action(s), cause(s) of action, suits, controversies, agreements, promises, damages, judgments, executions, claims and demands whatsoever, in law or in equity, which Rider/Volunteer/Participant has or may have in the future from the signing of this release until the end of such Volunteer/Participant/Guest's participation in an NTRC program or presence on NTRC property, and any claim past, present or future which any personal representative, successor, heir or assignee of said party hereafter can, shall or may have against NTRC for, upon or by reason of any matter, cause or thing whatsoever, from the time of Volunteer/Participant/Guest participation in any NTRC program or being present on any NTRC property until such time as Volunteer/Participant/Guest is not participating in any NTRC program or from a date forward that such Volunteer/Participant/Guest is not present on any NTRC property, such release and hold harmless of NTRC specifically includes, but not by way of limitation, the following:

- 1) All equine activities at the property owned by NTRC located on the southwest corner of the intersection of Center Street and Goodlette Road, Naples, Collier County, Florida, including, handling, care, grooming, leading and riding of horses and such activities as defined in Section 773.01, Florida Statutes, as amended from time to time; and all activities related to being in the presence of horses or on NTRC property;
- 2) Any and all rights or claims arising from, relating to, or in any way connected with the death or injury of any person participating in any equine activity sponsored by NTRC or death or injury of person occurring on NTRC property or claim for damage to any Volunteer/Participant/Guest's personal property brought upon any NTRC property by Volunteer/Participant/Guest.
- 3) Volunteer/Participant/Guest grants NTRC the right and authority to perform a background check on Volunteer/Participant/Guest in advance of Volunteer/Participant/Guest's participation in any NTRC activity or presence on NTRC property and NTRC may make future checks on background from time to time during the Volunteer/Participant/Guest's involvement in any NTRC program or presence on NTRC property. Volunteer/Participant/Guest releases NTRC from any claim, cause of action or damages based upon NTRC's authorized background check(s).
- 4) Any and all rights or claims arising from, relating to or in any way connected with the death or injury of a Volunteer/Participant/Guest who takes transport in any NTRC agent vehicle as part of a sponsored NTRC program occurring outside of the NTRC property.

WARNING

Under Chapter 773, Florida Statutes, an equine activity or sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

This Release further incorporates the immunity to volunteers of not-for-profit organizations who are acting within the scope of their responsibilities and who do not cause harm willfully or with wanton disregard for safety.

IN WITNESS WHEREOF, the undersigned executes this release

this _____ day of _____, 200_____



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Release & Hold Harmless Agreement Continued:

Volunteer/Participant/Guest

Printed Name: _____

Signature: _____

Signature REQUIRED if Volunteer/Participant/Guest is:
UNDER THE AGE OF 18 or IF AN ADULT AND UNDER GUARDIANSHIP

Parent / Guardian Printed Name: _____

Signature: _____

Parent / Guardian Phone #: _____ Cell #: _____



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PHOTO RELEASE FORM

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant(s) to the Naples Therapeutic Riding Center, Inc. permission to take or have taken, still and moving photographs and films including television pictures of _____ (print full name) and consents and authorizes Naples Therapeutic Riding Center its advertising agents, news media, and any other persons interested in Naples Therapeutic Riding Center its work, to the use and reproduction of the photographs, films and pictures without limit, the generality of the foregoing newspapers, television media, website, social media, brochures, pamphlets, instructional materials, books and clinical material.

With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention on Naples Therapeutic Riding Center to use or be in use or be used such photographs, films and pictures for the primary purpose of promotion and aiding its program and or its work.

(Circle One) I DO / I DO NOT Consent

Dated this _____ day of _____, 20_____.

Signature _____

Signature of parent/guardian _____

NAME RELEASE FORM

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant(s) to the Naples Therapeutic Riding Center permission to use _____ 's (print full name) full name and consents and authorizes Naples Therapeutic Riding Center its advertising agents, news media, and any other persons interested in Naples Therapeutic Riding Center and or its work, to the use of her/his name with photographs, films and pictures without limit, the generality of the foregoing newspapers, television media, website, social media, brochures, pamphlets, instructional materials, books and clinical material.

With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention on Naples Therapeutic Riding Center to use or be in use or be used such photographs, films and pictures for the primary purpose of promotion and aiding its program and or its work.

(Circle One) I DO / I DO NOT Consent

Dated this _____ day of _____, 20_____.

Signature _____

Signature of parent/guardian _____

NTRC date received: _____

Staff Initials _____



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Background Check Policy for Volunteers

Policy

Naples Therapeutic Riding Center (NTRC) requires completed background screening reports for criminal record checks as part of the application process for volunteers and/or employees 18 and over. This search may include any or all of the following: basic internet search and social media review; research for appropriate court records relating to the applicant's country of residence for evidence of felony and/or misdemeanor convictions; searches of the Florida criminal offender record information database, and/or other state-by-state or national or international criminal databases.

Procedure

- I. Criminal record checks will be completed in accordance with applicable law. Applicants are notified in the application process that a criminal record check will be required and are asked to complete a disclosure and authorization statement in accordance with the Fair Credit Reporting Act (FCRA) authorizing NTRC to conduct a criminal record search. (Refer to statement at bottom of page.)
- II. All applicants 18 years of age and older will receive the URL link to the background check website. It is the responsibility of the applicant to complete the background check information immediately; NTRC will receive the results within 48 - 72 hours of submission. The results of the background check will be received before the applicant can attend the orientation.
- III. Only NTRC administrative personnel will have the responsibility for reviewing background check reports. All information received will be kept strictly confidential and will not be disseminated to any other individual group, agency, organization or corporation.
- IV. Unless otherwise provided by law, a criminal record will not automatically disqualify an applicant. Rather, determinations of suitability based on criminal record checks will be made consistent with this policy and any applicable law or regulations.
- V. If NTRC reasonably believes the record belongs to the applicant and is accurate, then determination of the applicant's suitability for the position will be made. Factors considered in determining suitability may include, but not be limited to the following:
 - Relevance of the crime to the position sought
 - a) The nature of the work to be performed
 - b) Time since the conviction
 - c) Age of the candidate at the time of the offense
 - d) Seriousness and specific circumstances of the offense
 - e) The number of offenses
 - f) Whether the applicant has pending charges
 - g) Any relevant evidence of rehabilitation or lack thereof
 - h) Any other relevant information, including information submitted by the applicant or requested by the hiring authority

Indicators that may be used as grounds for disqualification may include, but are not limited to, the following:

- a) Unwillingness to consent to background screening and lying about criminal history on volunteer application.
- b) All sex offenses, regardless of the amount of time since the offense (e.g., child molestation, rap, sexual assault, sexual battery, prostitution, solicitation, indecent exposure, etc.)
- c) All offenses involving child abuse or neglect, regardless of the amount of time since the offense.



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- d) All felony violence, regardless of the amount of time since the offense (e.g., murder, manslaughter, aggravated assault, kidnapping, robbery, aggravated burglary, etc.)
 - e) All felony offenses other than violence or sex within the past 10 years (e.g., drug offenses, theft embezzlement, fraud, child endangerment, etc.)
 - f) All misdemeanor violence offenses with the past 7 years (e.g., simple assault, battery, domestic violence, hit and run, etc.)
 - g) Any misdemeanor within the past 5 years that would be considered a potential danger to children or is directly related to the functions of a volunteer (e.g., contributing to the delinquency of minor, providing alcohol or drugs to a minor, theft, etc.)
- VI. If a criminal record is received, an authorized individual will closely compare the record provided with the information on the disclosure and authorization statement, along with any other identifying information provided by the applicant, to ensure the record relates to the applicant.
- VII. If NTRC is inclined to make an adverse decision based on the results of the criminal background check, the applicant will be notified immediately by the Program Director. The applicant will be provided with a copy of the criminal record, NTRC's criminal background check policy and will be advised of the part(s) of the record that make the individual unsuitable for the position. NTRC will provide the applicant with an opportunity to dispute the accuracy and relevance of the criminal record.
- VIII. Applicants challenging the accuracy of a criminal record shall be provided the following information: Contact the Florida Department of Law Enforcement at <http://www.fdle.state.fl.us> for information on the process of correcting a criminal record.
- IX. If the criminal record provided does not exactly match the identification information provided by the applicant, NTRC will make a determination based on a comparison of the criminal record and documents provided by the applicant.
- X. NTRC will notify the applicant of the decision and the basis of the decision in a timely manner.
- XI. Background screenings are to be completed every 3 years for active NTRC Volunteers.

NTRC's Volunteer & Employee Application disclosure and authorization statement:

I _____(volunteer), authorize NTRC to receive completed background check results and 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 this information in any way to any other individual group, agency, organization or corporation.

Signature _____ Date: _____
Volunteer/ OR Parent / Legal Guardian if Volunteer is under 18

CONSENT PLAN: If you DO NOT consent to a background screening, your application will be terminated and you will be unable to volunteer with Naples Therapeutic Riding Center.