

TEAM Therapeutic Riding

Statement of Confidentiality

It is the inherent right of all individuals to be respected as an equal. In all our programs, we are committed to maintaining the highest ethical standards with respect to personal information. Therefore, MSU 4-H TEAM has established this Statement of Confidentiality.

I, the undersigned, agree to hold in confidence all information given to me regarding any specific individual here at TEAM. All health histories and personal information regarding particular individuals is covered by this agreement.

Signed: _____

Dated: _____



Volunteer Termination Policy

I understand that volunteering for the MSU 4-H TEAM is a privilege. We appreciate all the skill, energy, and commitment that volunteers bring to our program. Sometimes it may be necessary to remove a volunteer from a specific class or from TEAM Programs.

I also understand that, for the sake of safety and in order to maintain the security and continuation of excellence in programming, an inattentive volunteer (or any individual) who cannot perform the functions or duties of a volunteer will be removed from classes, and may be placed in another area of the program, or asked not to return to the TEAM sessions.

Absolutely no intoxicated or chemically impaired volunteer will be allowed to assist with any TEAM operations. If there is any question regarding the ability of a volunteer to perform his/her duties, the TEAM staff will err on the side of caution and ask the individual to leave the program area and not return.

Signed: _____

Dated: _____