



Mississippi Valley Therapeutic Horsemanship 192 Hope Hill, Oak Ridge, MO 63769



CONSENT FOR BACKGROUND INFORMATION INQUIRY

I, (volunteer, staff applicant), authorize MVTH 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 or animals.

I, (volunteer, staff applicant), understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly do not authorize MVTH, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Printed
Name: _____ Signature: _____ Date: _____

**Parent/Guardian Signature, if applicable: _____ Date: _____

PRIVACY POLICY

As members of the Mississippi Valley Therapeutic Horsemanship (MVTH) team, participant privacy will be protected at all times. The MVTH team consists of participants, parents and/or legal guardians, staff, and volunteers. Each participant has the right to privacy regarding name, diagnosis and any other personal information which may be in the participant's MVTH file.

What does this mean?

- 1) MVTH privacy policy does not allow staff or volunteers to discuss a participant's name, medical, therapeutic, or educational situation outside the designated team.
- 2) MVTH privacy policy does not allow staff or volunteers to use participants' names or medical situations in casual social conversation.
- 3) MVTH will not release any specific participant information to anyone without the specific written release to do so; the release must be fully executed (signed) by the participant/parent or legal guardian.
- 4) For the safety of the participant, information regarding a participant's medical history will be shared on a need to know basis with MVTH volunteers who have been designated/assigned as a participant's team member, permanently or has a one time or infrequent basis.

SIGNATURE: _____ DATE: _____

**Parent/Guardian Signature, if applicable: _____ DATE: _____