

Hope Reigns Ranch
5201 Safford Rd.
Rockford, IL 61103
815-299-4673

Volunteer Confidentiality Statement

Volunteers are a valuable part of the Hope Reigns Ranch's program. This document confirms that I am recognized as a volunteer of Hope Reigns Ranch, which exists to provide quality equine assisted education and therapy services.

As a volunteer of Hope Reigns Ranch, I have completed available and appropriate training. I understand and agree that in the performance of my duties as a volunteer, I must hold personal and medical information regarding riders/families confidential. Client issues may be discussed with the Hope Reigns Ranch director, instructor or therapists directly associated with the Hope Reigns Ranch program and at Hope Reigns Ranch volunteer support meetings. I will endeavor to keep my standards of conduct high in order to uphold the quality of the Hope Reigns Ranch program.

Signature

Witness _____

Date