



THERAPEUTIC HORSEMANSHIP

332 Stable Lane
Wentzville, MO 63385
Phone (636) 332-4940
Fax (636) 332-4941
www.thstl.org

Volunteer Pledge and Commitment

I understand as a volunteer I am agreeing to help and support Therapeutic Horsemanship and their needs, whatever they may be.

I understand that a student's right to privacy and a parent's right to privacy must be respected. Therefore I understand I am to hold such information in confidence and not to divulge the information to any person.

I have filled out the background check form and understand that I may be asked to refrain from volunteering at TH if the check comes back with any questionable information.

I will honor my schedule and commitment. I will try to be an appropriate model for my clients in my dress, language, and behavior. I will abide by the smoking policy and refrain from discussing my concerns with those who are not directly involved with the situation. I understand I am to bring my concerns to the Volunteer Coordinator.

Date: _____

Signature: _____

Phone Number: () -