



Mailing Address:
PO Box 306
Wadsworth, IL 60083
847.226.1300

Service Address:
Fields and Fences Equestrian Center
36550 N. Hunt Club Road
Gurnee, IL 60031

2009 Volunteer Information Form

General Information

Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____ Date of Birth: _____

Address (please circle) Work or School and provide information below:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: Home - _____ Work - _____ Cell - _____

Parent/Legal Guardian- Name: _____
Address: _____
City: _____ State: _____ Zip: _____

How did you learn about the program? _____

Recent medical tests: Last Tetanus Shot _____ Date _____
Tuberculosis Test _____ + or - _____ Date _____

(Consult your physician or local health department if you are not up to date with these shots/tests)

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes.

Allergies: _____ Medications: _____

Photo Release

I, the Volunteer Accept / Rescind consent to and authorize the use of and reproduction by Partners for Progress any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Initial to Accept or Rescind: _____

I agree that the information provided in this form is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: _____ Date: _____

OFFICE USE ONLY	Start	Day	Time
	_____	_____	_____
	End		Excused
	_____		_____



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Background Information

Have you ever been charged with or convicted of a crime? Yes No If yes please explain below:

I, _____ (volunteer), authorize Partners for Progress 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.

I understand that such access is for purpose of considering my application as a volunteer and that I expressly DO NOT authorize Partners for Progress, 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: _____

Current Drivers License? Yes No License Number: _____ State: _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at the Partners for Progress center is confidential and will not be shared with anyone without the express written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____ Date: _____

PARTNERS FOR PROGRESS, NFP RELEASE, WAIVER, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I, as a volunteer, of Partners for Progress, NFP, ("Participant" or "I"), on my own behalf, (or if as the Parent/Legal Guardian of a minor Participant, on my own behalf and on behalf of the minor Participant), understand, accept, and assume the risks of engaging in equine activities, including (i) the propensity of an equine to behave in dangerous ways that may result in injury to the participant, (ii) the inability to predict an equine's reaction to sound, movements, objects persons, or animals, and (iii) the hazards of surface or subsurface conditions. I agree at all times to be responsible for my personal safety, remain financially responsible for my medical expenses, and waive my right to any claim against Partners for Progress, its sponsor(s), instructor(s), spectators, and Partners for Progress, NFP agents, affiliates, volunteers, independent contractors, employees, directors, officers, and committee or other members (collectively "Partners for Progress, NFP"), arising from my participation in, or observation of, this equine activity. I agree to release, hold harmless, and indemnify Partners for Progress, NFP for any illness, injury, death, damage, cost, or other loss incurred whether by a dangerous latent condition, negligence or otherwise.

By signing below, I certify that I have read this entire Agreement, acknowledge that the proper Warning sign has been posted, and understand, agree and intend to be bound by all of the terms and conditions contained in this Partners for Progress, NFP Release, Waiver, Hold Harmless, and Indemnification Agreement.

Signature: _____
Participant or Parent(s)/Legal Guardian(s) if Participant is under 18 yrs old

WARNING

UNDER THE EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISKS OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES.



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Emergency Medical Treatment

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Partners for Progress to secure and retain medical treatment and transportation if needed.

Volunteer Name: _____

Emergency contact: _____

Telephone: _____

Telephone: _____

Physician Name: _____

Telephone: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____

Policy #: _____

Please select the Consent Plan or Non-Consent Plan in the case of an emergency:

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if we are unable to reach the emergency contacts.

Print Consent Name: _____

Consent Signature: _____

Volunteer, Parent or Guardian

Date: _____

Non-Consent Plan

I do not give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event that emergency aid/treatment is required, I wish the following procedures to take place:

Print Non-Consent Name: _____

Non-Consent Signature: _____

Volunteer, Parent or Guardian

Date: _____