



PFP Volunteer Registration Form

Today's Date: _____

Volunteer Contact Information: (please print legibly)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Are you at least 13 years of age as of the date above? Yes or No

eMail: _____

Phone: _____ Is this a cell phone? Yes or No

I do NOT want to receive text messages on my cell phone from PFP

Please list Current Employer or Current School Attending:

Name: _____

City: _____

Parent / Guardian (if volunteer is under age 18):

First Name: _____ Last Name: _____

(go to employer information if the address is the same as the volunteer)

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Employer Name: _____

Parent /Guardian Employer City: _____



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Volunteer Opportunities:

Please check which opportunities you are interested in:

- | | |
|--|---|
| <input type="checkbox"/> Horse Walking / Handling / Barn Cleanup | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Office work (Mailings / Fling) | <input type="checkbox"/> Facility Maintenance (carpentry, plumbing, etc.) |
| <input type="checkbox"/> Computer IT | <input type="checkbox"/> Fundraising |

Volunteer Availability:

Exact hours will be determined later – indicate below your general availability.

- | | |
|---|--|
| <input type="checkbox"/> Monday Morning 8-12 | <input type="checkbox"/> Thursday Morning 8-12 |
| <input type="checkbox"/> Monday Afternoon 12-4 | <input type="checkbox"/> Thursday Afternoon 12-4 |
| <input type="checkbox"/> Monday Night 4-7 | <input type="checkbox"/> Thursday Night 4-7 |
| <input type="checkbox"/> Tuesday Morning 8-12 | <input type="checkbox"/> Friday Morning 8-12 |
| <input type="checkbox"/> Tuesday Afternoon 12-4 | <input type="checkbox"/> Friday Afternoon 12-4 |
| <input type="checkbox"/> Tuesday Night 4-7 | <input type="checkbox"/> Friday Night 4-7 |
| <input type="checkbox"/> Wednesday Morning 8-12 | <input type="checkbox"/> Saturday 9-12 |
| <input type="checkbox"/> Wednesday Afternoon 12-4 | <input type="checkbox"/> Saturday 12-3 |
| <input type="checkbox"/> Wednesday Night 4-7 | |

Other comments on availability:



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How did you hear about Partners for Progress Volunteer Program?

General Health

Describe your overall current health, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Please indicate any concerns you may have regarding fitness, cardiac, respiratory, bone or joint function or recent hospitalization/surgeries that may limit your ability to perform the volunteer opportunity you identified above:

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: _____

Photo Release:

_____ I consent to and authorize _____ I do not consent to and do not authorize

the use and reproduction by Partners For Progress NFP and/or Pediatrics in Motion of 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.

Signature: _____ Date: _____



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Further Background Information:

Have you ever been charged with or convicted of a crime (circle answer)? **Yes** **No**

If NO, go to next section (Waiver)

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 or animals.

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: _____



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Waiver:

LIABILITY RELEASE

Read Thoroughly Before Signing

Note: A Separate Form MUST Be Signed For Each Volunteer.

I/We would like to participate in the Partners For Progress NFP and/or Pediatrics In Motion Volunteer Programs. I/We acknowledge that therapeutic and pleasure horse riding, and volunteering with such, is a dangerous activity which incorporates potential risks to myself/my son/my daughter/my ward, with the horse that is ridden, the client being assisted, the equipment that is used, or other equine/animal interactions that are in the farm setting. I/We feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risks assumed.

Therefore, with this knowledge, intending to be legally bound for myself, my heirs and assigns, executors or administrators, I/We hereby waive, discharge, indemnify, hold harmless, and release forever all claims for damages against Partners For Progress NFP and Pediatrics In Motion, its' Board of Directors, Officers, employees, instructors, therapists, aides, and volunteers, their heirs, executives, administrators, successors, or assigns from any and all liability for any and all injuries, damages, and/or losses sustained by me/my daughter/my son/my ward, any animal owned or controlled by me, or for any item or personally under my dominion and control while participating in a Partners For Progress NFP and/or Pediatrics In Motion Volunteer Program. This includes attorneys' fees and cost of suit in any action based upon or arising from my/my sons'/my daughters'/my wards' acts or omissions, or the actions of any animal with my/my sons'/my daughters'/my wards' control.

WARNING: Under the Equine Activity Liability Act, each Volunteer 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. ~IL PWA-89-0111~



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I acknowledge that I have read the foregoing and understand the contents thereof.

Volunteer Name (please print): _____

Volunteer Signature: _____ Date: _____

Minors **MUST** have the **FOLLOWING** signed by their Parent or Legal Guardian:

I, the undersigned parent or legal guardian named here (please print)

_____ of the Volunteer named here (please print) _____ for and in consideration of our child's/wards' participation at Partners For Progress and Pediatrics In Motion, and any other individuals that may accompany said Volunteer to the farm, state that I have read the LIABILITY RELEASE statement written above, and I expressly agree that warrant I have health and accident insurance for said minor(s).

Signature _____ Date _____

As an adult (over age 18) that may accompany said rider to the farm listed above that may be allowed to pick-up said rider from the farm, I also acknowledge that I have read the foregoing and understand the contents thereof.

Name (please print): _____

Signature: _____ Date _____

Name (please print): _____

Signature: _____ Date _____



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Emergency Medical Treatment Authorization:

In the event that emergency medical aid/treatment is required due to illness(es) or injury(ies) during the process of receiving services, or while being on the property of the agency, I authorize Partners For Progress NFP and/or Pediatrics In Motion (**PFP/PIM**) to:

1. Administer general First Aid treatment for any minor injury(ies) or illness(es) experienced by my dependent or myself by staff trained and/or certified in First Aid treatment,
2. Secure and retain emergency medical treatment and transportation if needed, and
3. Release client records upon request to the authorized individual or agency involved in the emergency medical treatment.

Volunteer Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

In the event I cannot be reached:

Contact: _____ Phone: _____

Contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy #: _____

Consent Plan

I understand that in the event of an emergency medical situation, every attempt to contact me, or my said agent(s) or designee(s) cited above, will be made but that emergency medical treatment will not be delayed during that attempt.



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This provision will only be invoked if the person(s) cited below or above are unable to be reached. At no time will anyone from **PFP/PIM** attempt to personally drive/transport any sick or injured individual to an emergency medical facility.

This authorization includes x-ray, surgery, hospitalization, medication, blood transfusion, and any medical treatment procedure deemed “life saving” to preserve life, limb or well-being of myself or my dependent by the physician, hospitals, and/or their authorized designees. I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatments.

I understand and agree that I assume all financial responsibility for all medical care expenses incurred including, without any limitations, any transfer, treatment, or injuries sustained by my dependent (or myself) while he/she is in the care of **PFP/PIM**. I can include a copy of my insurance card – front and back – to be used for this purpose only.

Date: _____ Consent Signature: _____

Client, Parent or Guardian

Print Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

The following medications are currently being used by myself or my dependent:

The following allergies are active in myself or my dependent:



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Acknowledgement:

I acknowledge that I have received a copy of the Partners For Progress Volunteer Resource Manual. I understand that it contains important information on policies and procedures. I realize this manual is not intended to cover every situation that may arise but is a general guide to refer to.

I understand that it is my responsibility to familiarize myself and/or my child(ren) with the information and I agree with the policies and rules of the program.

I further understand and acknowledge that Partners For Progress may change, add, or delete any policies or provisions in this manual as they see fit in its' sole judgement and discretion.

I acknowledge and understand that this manual supersedes and replaces any and all prior manuals or materials previously distributed.

Volunteer Name (please print): _____

Volunteer Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

NOTE: YOU WILL NOT BE ABLE TO BEGIN VOLUNTEERING WITH PARTNERS FOR PROGRESS AND/OR PEDIATRICS IN MOTION WITHOUT COMPLETING AND RETURNING THE EMERGENCY MEDICAL TREATMENT AUTHORIZATION AND ACKNOWLEDGMENT SECTIONS IN THIS REGISTRATION FORM. THANK YOU.



partners for progress

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2025

Partners For Progress, NFP

challenging therapy that's changing lives....

Schedule of Events

SESSIONS

- 1: January 3 - March 15
- 2: March 17 - May 24
- 3: May 27 - August 2
- 4: August 4 - October 18
- 5: October 20 - December 23

EVENTS

- April 26 - One Lucky Night Dance & Raffle Event
- July 26 - Family Summerfest & Student Horse Show
- TBD - Summer Camps, Job Skills

September 6 - Hoedown Gala

- Start of Session
- Event
- No Riding

January							February							March							April						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
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