



PROGRAM SITE: 4N681 Munger Road Wayne, IL 60184  
MAILING ADDRESS: PO Box 566 Wayne, IL 60184-0566

TELEPHONE / FAX : 630.588.8543  
www.ftea.org

## Volunteer Information Form and Health History (Page 1 of 2)

### GENERAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Employer/School: \_\_\_\_\_

Work Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Parent/Legal Guardian Name and Address: \_\_\_\_\_

How did you learn about the program? \_\_\_\_\_

Recent medical tests: Last Tetanus Shot: \_\_\_\_\_ Tuberculosis Test + -- 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.

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Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(volunteer; signed in presence of FTEA staff)*



## Volunteer Information Form and Health History (Page 2 of 2)

### INTERESTS

Check which areas you are interested in:

#### Program Volunteer

- Leading a horse
- Sidewalking with a student
- Stable management
- Facility Repairs
- OTHER: \_\_\_\_\_

#### Off-Site Events

- Away Horse Shows
- Ride-A-Thon
- Special Olympics
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#### Administration

- Public Relations
- Fundraising
- Newsletter
- Volunteer Recruitment
- Board of Directors
- Photography/Video
- Budget & Finance
- Future Planning

### PHOTO RELEASE

- I,  **DO**  
 **DO NOT**

consent to and authorize the use and reproduction by **FRIENDS FOR THERAPEUTIC EQUINE ACTIVITIES (FTEA)** 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: \_\_\_\_\_

### BACKGROUND INFORMATION

Have you ever been charged with or convicted of a crime?  YES,  NO

Please explain: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, authorize **FRIENDS FOR THERAPEUTIC EQUINE ACTIVITIES (FTEA)** to receive information from any law enforcement agency, including police departments and sheriffs 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 the purpose of considering my application as an volunteer, and that I expressly **DO NOT** authorize **FTEA**, 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: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_



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## VOLUNTEER LIABILITY RELEASE

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

As a volunteer at **FRIENDS FOR THERAPEUTIC EQUINE ACTIVITIES (FTEA)**, I acknowledge the risks and potential for risks of a horseback riding program. **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.** However, I feel that the possible benefits to myself and clients I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against **FRIENDS FOR THERAPEUTIC EQUINE ACTIVITIES**, its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in **FRIENDS FOR THERAPEUTIC EQUINE ACTIVITIES** program.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_



### NON-DISCLOSURE AND CONFIDENTIALITY AGREEMENT

This Non-Disclosure and Confidentiality Agreement (the "Agreement") is entered into between Friends For Therapeutic Equine Activities ("FTEA"), located at 4N681 Munger Road, Wayne, Illinois 60184, and \_\_\_\_\_ (the "Volunteer").

FTEA is an organization that helps children and adults (the "Clients") with a wide range of disabilities including, but not limited to, Spina Bifida, Cerebral Palsy, Down Syndrome and Autism and spinal cord injuries better use their minds and bodies through horseback riding. Volunteers of FTEA assist the Clients with their lessons and work with the horses. Clients expect that their participation in FTEA, the existence and extent of their disabilities, and their experiences with FTEA remain confidential.

FTEA desires to provide to its Clients therapeutic equine activities on a confidential basis.

Accordingly, FTEA and Volunteer agree as follows:

1. The identity of the Clients will not be disclosed by either FTEA or Volunteer without prior Written consent of the Clients or their parents/guardians/representatives;
2. Information concerning the Client's disabilities will not be disclosed by either FTEA or Volunteer without prior written consent of the Clients or their parents/guardians/representatives;
3. The obligation of FTEA and Volunteer under this Agreement shall continue after the Clients cease their association with FTEA unless written consent is given by the Clients or their parents/guardians/representatives;
4. This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois; and
5. This Agreement constitutes the complete Agreement between FTEA and Volunteer, and this Agreement may not be modified except in a writing signed by the parties hereto.

Read, understood and agreed by:

Friends for Therapeutic Equine Activities

Volunteer

By: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_