

Mailing Address:
701 East Third Street
Prophetstown, IL 61277


**White Oaks Therapeutic
Equestrian Center**

OFFICE USE ONLY	
Rte: ___	Brn. ___ Mas. ___
Ent: ___	Cmp. ___
S: _____	
D: _____	
T: _____	Train: _____
Nametag: _____	

VOLUNTEER REGISTRATION FORM AND HEALTH HISTORY

Name: _____ Date: _____

Home Phone: # _____ Cell: # _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Employer / School: _____

Parent / Legal Guardian Name & Address (if volunteer is a minor): _____

Recent medical tests: Last Tetanus Shot: _____ Tuberculosis Test + / - Date _____
(We recommend consulting your physician or local health department if you are not up to date with these shots / tests.)

How did you learn about the program? _____

Times and days you would be available to volunteer _____

Check areas which you may be interested:

Program Volunteer:

- Leading a horse _____
- Pet therapy _____
- Side walking with a student _____
- Chores and stall cleaning _____
- Horse and cart _____ (driving program)

Competition/Special Events:

Horse shows _____ Special Olympics _____ Ride-a-thons _____

Fund Raisers:

Ride-a-thon _____ Birdies for Charity _____ Other Ideas: _____

Administration:

Public Relations _____ Newsletter _____ Volunteer Recruitment _____

Please list any other skills or training, which may be of benefit to our volunteer program. (i.e. CPR training, signing for the deaf, First Aid Training, etc.) _____

Do you have any experience with horses/ponies? Please specify: _____

Health

Please describe your current health status (check one): ___ Poor ___ Good ___ Excellence

Please address any restrictions regarding, fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, etc.

Allergies _____

Medications _____

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 and volunteer in this center’s program.

Signature: _____ Date: _____

(Volunteer, Parent/legal guardian)

Photo Release/Public Release (optional)

I do _____

I do not _____

consent to and authorize the use and reproduction by White Oaks Therapeutic Equestrian Center of any and all photographs (still and moving) and any other audio-visual materials taken of me for promotional printed material, educational activities, and exhibitions or for any other use for the benefit of the program.

Date: _____ Signature: _____

Background Information

Have you ever been charged with or convicted of a crime? ___ No ___ Yes; Please explain:

I, _____(volunteer) authorize White Oaks to receive information from any law enforcement, 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 by not limited to convictions for crimes committed upon children or animals. I understand that such access is for the purpose of volunteering at White Oaks, and that I expressly DO NOT authorize the center, its direction, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____

(Volunteer, Parent/legal guardian)

Current Drivers License? ___ Yes ___ No License # _____ State _____

Confidentiality Agreement

I understand that in the course of volunteering for White Oaks Therapeutic Equestrian Center, all information (written and verbal) about participants and situations at White Oaks is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____ Date: _____

(Volunteer, Parent/legal guardian)



WHITE OAKS THERAPEUTIC EQUESTRIAN CENTER

RELEASE OF LIABILITY

"Warning under the Equine Activity Act, adopted by the State of Illinois 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."

I, Name: _____

(staff member, rider/guardian, volunteer, or bystander)

Address: _____

Phone #: _____

DOB: _____

would like to participate in White Oaks Therapeutic Equestrian Center's equine assisted activities mounted and unmounted activities including the horse and cart-driving program.

I acknowledge that persons engaged in this program as a staff member, rider, volunteer or bystander is assuming certain inherit risks and dangers. Risks of engaging in equine activities means those dangers of conditions that are integral part of equine activities, including, but not limited to:

Risks of engaging in equine activities:

1. The propensity of an equine to behave in ways that may result in injury, harm, or death to persons on or around them.
2. The unpredictability of an equine's reaction to sounds, sudden movement, and unfamiliar objects, persons, and other animals or other things.
3. Certain hazards such as surface and subsurface conditions.
4. Collisions with other equines or objects.
5. The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability.
6. It is recognized that equine activities are hazardous to participants, regardless of all feasible safety measures that can be taken.

Exceptions

1. If Center commits an act or omission that constitutes willful or wanton disregard for the safety of the participant, and that act or omission caused the injury.
2. Intentionally injures that participant.
3. Provided the equipment or tack, and knew or should have known that the equipment or tack was faulty, and the equipment or tack was faulty to the extent that it caused the injury.
4. Provided the equine and failed to make reasonable and prudent efforts to determine the ability of the participant to engage safely in the equine activity and determine the ability of the participant to manage safely the particular equine based on the participant's representations of his or her ability.
5. Own, leases, rents, or otherwise is in lawful possession and control of the land or facilities upon which the participant sustained injuries because of a dangerous latent condition that was known to the equine activity sponsor, equine professional, or person and for which warning signs were not conspicuously posted.

Participant, parent or legal guardian, staff member, volunteer or bystander having read and understood the above description of liability of equine activities, participants shall agree to hold harmless and release White Oaks Therapeutic Center, its staff, volunteers, committees, board member or Whiteside County Central Agricultural Society from any and all claims and damages which may occur from participating in any and all activities sanctioned by center.

Date: _____ Consent Signature: _____

This release shall remain valid until expressly revoked by the participant or, if a minor, the parent or guardian