

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: _____	

RETURNING 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.)

I am available to volunteer on the following days/times: _____

How long have you volunteered with WHOA? _____

I am comfortable volunteering in the following areas (circle all that apply):

Leading	Sidewalking	Pet-Therapy	Chores/Stall Cleaning	Special Events
Newsletter	WHOA Board	Fundraising	Cart Driving Program	Horse/Fun Shows

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: _____

Photo Release/Public Release

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)