

## Volunteer Registration

PLEASE PRINT

Name \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Volunteer's E-mail \_\_\_\_\_ Parent E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Name of School or Occupation \_\_\_\_\_ Year in School \_\_\_\_\_  
(if applicable)

### In case of emergency, who may we contact:

Emergency Contact #1: \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Completed New Volunteer Orientation: \_\_\_\_\_

Revised 2015

Office Entered by: \_\_\_\_\_

**DO NOT MAIL. Bring packet to orientation**

Mailing Address:

P.O. Box 376  
Barrington, IL 60011  
WalkOnFarm@comcast.net

Office (847) 381-4231  
Barn (847) 842-8349  
Fax (847) 381-4288

Barn Address:

26665 West Cuba Rd  
Barrington, IL 60010  
WalkOnFarm.org

## Authorization for Emergency Medical Treatment Form

Volunteer Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to Medication: \_\_\_\_\_

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

In the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering, or while being on the property of the agency, I authorize **Walk On** to:

1. Secure and retain medical treatment and transportation if needed.
2. Release participant records upon request to the authorized individual or agency involved in the Medical emergency treatment.

**Please sign only one below:**

### **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 the emergency contact is unable to be reached.

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

**Volunteer or *if under 18 yrs old* Parent or Guardian**

Signed in presence of staff

### **Non-Consent Plan**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of volunteering or while being on the property of the agency.

\_\_\_ Parent or Legal Guardian will remain on site at all times during equine assisted activities

\_\_\_ In the event emergency treatment/aid is required, I wish the following procedure to take place:

\_\_\_\_\_

Non-Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Volunteer or *if under 18 yrs old* Parent or Guardian**

Signed in presence of staff

---

#### **Mailing Address:**

P.O. Box 376  
Barrington, IL 60011  
WalkOnFarm@comcast.net

Office (847) 381-4231  
Barn (847) 842-8349  
Fax (847) 381-4288

#### **Barn Address:**

26665 West Cuba Rd  
Barrington, IL 60010  
WalkOnFarm.org

## Health History

### General Information:

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

Volunteer's Name: \_\_\_\_\_

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

### Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address general fitness, cardiac, respiratory, bone or joint function, any previous surgeries which may hamper your ability to actively participate in an equine assisted program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Recent Medical Tests: Tetanus Shot Date \_\_\_\_\_ TB Test + -- Date \_\_\_\_\_

***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 center's program.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Volunteer or *if under 18 yrs old* Parent or Guardian** *Signed in presence of staff*

## Photo Release Form

I  Do Consent  
 Do Not Consent

To and authorize the use and reproduction by **Walk On** 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 center.

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

Volunteer or *if under 18 yrs old* Parent or Guardian

## Social Media Release Form

(Facebook, Instagram, Website)

I  Do Consent  
 Do Not Consent

To and authorize the use and reproduction by **Walk On** of any and all photographs and any other audio/visual materials taken of me for the purpose of electronic social media (Facebook).

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

Volunteer or *if under 18 yrs old* Parent or Guardian

---

Mailing Address:

P.O. Box 376  
Barrington, IL 60011  
WalkOnFarm@comcast.net

Office (847) 381-4231  
Barn (847) 842-8349  
Fax (847) 381-4288

Barn Address:

26665 West Cuba Rd  
Barrington, IL 60010  
WalkOnFarm.org

## Volunteer Liability Release

### WARNING

UNDER THE EQUINE ACTIVITIES LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISK OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR INJURY, LOSS OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES 745 ILCS 47/25

I/we \_\_\_\_\_ would like to participate in the Walk ON volunteer program. I/we acknowledge and accept the risks and potential risks of engaging in equine activities, including but not limited to:

- 1) The propensity of equines to behave in dangerous ways that may result in injury to the participant.
- 2) The inability to predict an equine's reaction to sound, movements, objects, persons, or animals.
- 3) The hazards of surface or subsurface conditions.

However, I/we feel the possible benefits to myself/my son/my daughter/my ward are greater than the risks assumed. I/we hereby, intending to be legally bound, for myself, my personal representatives, heirs distributes, guardians legal representatives, next of kin and assigns, waive and release all claims for damages against Walk On, it's owners, lessors, agents, employees, instructors, therapists, volunteers, officers, directors, shareholders and members for any and all injuries and losses I/we may sustain while participating in Walk On's program.

**Costs and Fees:** In the event the undersigned shall commence litigation in respect to their participation in Walk On's program, the undersigned will be responsible for all costs and expenses, including attorney's fees incurred by BOTH parties as a result of such litigation.

**Accident/Medical Insurance:** I/we the undersigned agree that should emergency medical treatment be required. I/we have or my own accident/medical insurance company shall pay for all such incurred expenses. I have recorded my accident/medical insurance on Walk On's Authorization for Emergency Medical Treatment form.

**Severability:** In the event that one or more of the provisions of this Agreement are ever invalidated for any reason by a court of competent jurisdiction, any provision so invalidated shall be deemed severable from the other provisions hereof, and the remaining provisions hereof shall continue to be valid and fully enforceable.

I/WE THE VOLUNTEER OR THE PARENT OR GUARDIAN THEREOF IF UNDER 18 YEARS OF AGE OR OTHERWISE CANNOT CONSENT, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT WARNINGS, RELEASE AND ASSUMPTION OF RISK AND HAVE READ AND VOLUNTARILY SIGN THIS AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS APART FROM THE ABOVE WRITTEN AGREEMENT HAVE BEEN MADE BY WALK ON, IT'S OWNERS, LESSORS, AGENTS, EMPLOYEES, THERAPISTS, INSTRUCTORS, VOLUNTEERS, OFFICERS, DIRECTORS, SHAREHOLDERS AND MEMBERS.

I/WE THE VOLUNTEER OR THE PARENT OR GUARDIAN THEREOF IF UNDER 18 YEARS OF AGE OR OTHERWISE CANNOT CONSENT, THE UNDERSIGNED, CERTIFY THAT I HAVE THE LEGAL AUTHORITY TO EXECUTE THIS AGREEMENT. THIS AGREEMENT SHALL REMAIN VALID UNTIL EXPRESSLY REVOKED BY THE VOLUNTEER OR THE PARENT OR GUARDIAN THEROF IF UNDER 18 YEARS OF AGE OR OTHERWISE CANNOT CONSENT.

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

**Volunteer or Parent or Guardian (if under 18 yrs old)**

Mailing Address:

P.O. Box 376  
Barrington, IL 60011  
WalkOnFarm@comcast.net

Office (847) 381-4231  
Barn (847) 842-8349  
Fax (847) 381-4288

Barn Address:

26665 West Cuba Rd  
Barrington, IL 60010  
WalkOnFarm.org

# NON-DISCLOSURE and CONFIDENTIALITY AGREEMENT

Non-Disclosure and Confidentiality Agreement (the "Agreement") entered into between Walk On, located at 26665 West Cuba Road, Barrington, Illinois 60010, and \_\_\_\_\_ the "Volunteer"

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

Walk On desires to provide to its Participants equine assisted activities on a confidential basis.

Accordingly, Walk On and the Volunteer agree as follows:

1. The identity of the Participants will not be disclosed by either Walk On staff or Volunteers without prior written consent of the Participant or their parents/guardians;
2. Information concerning the Participants' disabilities will not be disclosed by Walk On staff or the Volunteer without prior written consent of the Participants' or their parents/guardians;
3. The obligations of Walk On and the Volunteer under this Agreement shall continue after the Participants cease their association with Walk On unless written consent is given by the Participant or their parents/guardians;
4. This Agreement shall be governed by and construed in accordance with the Laws of the State of Illinois;
5. This Agreement constitutes the complete Agreement between Walk On and the Volunteer, and this Agreement may not be modified except in writing signed by the parties hereto.

Read, understood and agreed by:

By \_\_\_\_\_  
Walk On

By \_\_\_\_\_  
Volunteer or *if under 18 yrs old* Parent or Guardian

Date \_\_\_\_\_

Date \_\_\_\_\_

---

Mailing Address:

P.O. Box 376  
Barrington, IL 60011  
WalkOnFarm@comcast.net

Office (847) 381-4231  
Barn (847) 842-8349  
Fax (847) 381-4288

Barn Address:

26665 West Cuba Rd  
Barrington, IL 60010  
WalkOnFarm.org

# Volunteer Handbook Checklist

## TO BE SIGNED AFTER COMPLETED VOLUNTEER ORIENTATION

I have received instruction on and have been trained for all volunteer responsibilities and safety rules including, but not limited to the following:

- Illinois equine liability act
- Emergency Information
- Dismissal policy
- First Aid location
- Proper attire
- Volunteer responsibilities
- Leading duties
- Sidewalking duties

---

**Volunteer or if under 18 years old *Parent or Legal Guardian***

---

**Print name**

---

Mailing Address:

P.O. Box 376  
Barrington, IL 60011  
WalkOnFarm@comcast.net

Office (847) 381-4231  
Barn (847) 842-8349  
Fax (847) 381-4288

Barn Address:

26665 West Cuba Rd  
Barrington, IL 60010  
WalkOnFarm.org

# Background Check Authorization

**Complete only if you are 18 years or older**

I \_\_\_\_\_, certify under penalty of perjury under state and federal law that the information contained in my volunteer application and /or employment application is complete, true and accurate. I acknowledge that falsification or omission of any information may result in the immediate dismissal or retraction of an offer for employment or as a volunteer.

I authorize Walk On to obtain a background check report, which may include, but is not limited to the following:

- Criminal Records
- Civil Records
- Employment Records
- Personal Identity Verifications
- Credit Report

I authorize all persons and organizations that may have information relevant to this background check to disclose such information to Walk On's authorized agent. I hereby release and hold harmless Walk On and its authorized agent from all claims and liabilities of any nature, which may arise in connection with this background check and the resultant reports(s).

I certify that I have read and understand this Walk On Background Check Authorization and consent to the release of all background check information. I understand that I have specific prescribed rights as a consumer under the federal Fair credit Reporting Act (FCRA). A photocopy of this authorization will be considered valid.

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates used:

\_\_\_\_\_  
(First) (Middle) (Last) (Date)

Current Address: \_\_\_\_\_  
(Street) (City) (Zip/State)

Previous Address: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

Mailing Address:

P.O. Box 376  
Barrington, IL 60011  
WalkOnFarm@comcast.net

Office (847) 381-4231  
Barn (847) 842-8349  
Fax (847) 381-4288

Barn Address:

26665 West Cuba Rd  
Barrington, IL 60010  
WalkOnFarm.org



# Walk On Volunteer Availability Schedule

Print Your Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

May we text you: yes \_\_\_\_\_ No \_\_\_\_\_

Email Address \_\_\_\_\_

Please commit to at least a two hour time slot for each day you are volunteering

	Morning	Afternoon	Your time commitment below
Sunday	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
Monday	8:30am – 12:00pm	2:00pm - 7:00pm	
Tuesday	XXXXXXXXXXXX	2:00pm – 7:00pm	
Wednesday	8:30am – 12:30pm	2:00pm – 7:00pm	
Thursday	XXXXXXXXXXXX	3:00pm – 7:00pm	
Friday	10:30am – 12:30pm currently only once a month	XXXXXXXXXXXX	
Saturday	8:30am – 1:00pm	XXXXXXXXXXXX	

NOTES-

---



---



---

I understand Walk On is dependent on its volunteer staff to provide a safe and positive program. I understand my absence/ tardiness may result in canceling a participant's lesson. I will make every effort to contact the instructor as soon as possible regarding any scheduling conflicts.

Office (847) 381- 4231

Barn (847) 842- 8349

Email: walkonfarm@comcast.net

Mailing Address:

P.O. Box 376  
Barrington, IL 60011  
WalkOnFarm@comcast.net

Office (847) 381-4231  
Barn (847) 842-8349  
Fax (847) 381-4288

Barn Address:

26665 West Cuba Rd  
Barrington, IL 60010  
WalkOnFarm.org