



2021 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 (Word / Excel skills) | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Computer IT | <input type="checkbox"/> Plumbing |

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:

How did you hear about Partners for Progress Volunteer Program?



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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:

Emergency Medical Contact:

Emergency Contact Name: _____

Relationship to Volunteer: _____

Emergency Contact Number: _____

Alternate Contact Name: _____

Relationship to Volunteer: _____

Alternate Contact Number: _____

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: _____

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.



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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:

Volunteer Name: _____ Date: _____

PARTNERS FOR PROGRESS, NFP PRELEASE, WAIVER, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I, as volunteer, of Partners for Progress, NFP, (“Participant” or “I”), on my own behalf, (or if as the Parent/Legal Guardian of a minor Participant, on my own behalf and on behalf of the minor Participant), understand, accept, and assume the risks of engaging in equine activities, including)i) the propensity of an equine to behave in dangerous ways that may result in injury to the participant, (ii) the inability to predict and equine’s reaction to sound, movements, objects person, or animals, and (iii) the hazards of surface or subsurface conditions. I agree at all times to be responsible for my personal safety, remain financially responsible for my medical expenses, and waive my right to any claim against Partners for Progress, its sponsor(s), instructor(s), spectators, and Partners for Progress, NFP agents, affiliates, volunteers, independent contractors, employees, directors, officers, and committee or other members (collectively “Partners for Progress, NFP”), arising from my participation in, or observation of, this equine activity. I agree to release, hold harmless, and indemnify Partners for Progress, NFP for any illness, injury, death, damage, cost, or other loss incurred whether by a dangerous latent condition, negligence or otherwise.

By signing below, I certify that I have read this entire Agreement, acknowledge that the proper Warning sign has been posted, and understand, agree and intend to be bound by all of the terms and conditions contained in this Partners for Progress, NFP Release, Waiver, Hold Harmless, and Indemnification Agreement.

Volunteer Signature: _____

Parent/Legal Guardian if Participant is under 18 years of age

Print Name: _____ Signature: _____

WARNING

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.



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Partners For Progress/Pediatrics In Motion Participants

Covid-19 Acknowledgement of Risk and Acceptance of Services

I, _____ (Patient Name), am aware of the risks of contracting Covid-19 while receiving face to face services from Partners for Progress/Pediatrics In Motion (“PFP/PIM”), at this time of the pandemic outbreak and the Illinois Governor Pritzker’s “Stay at Home” Executive Order (Executive Order 2020-10), and subsequent extensions and modifications thereto.

I am aware of the options for remote services including telephonic and video telehealth as allowed by insurances (Optum, CMS, Blue Cross etc.) and State Licensing Board recommendations during this Pandemic outbreak. I am also aware that face to face services increase my risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless PFP/PIM, it’s employees and all other individuals I may come in contact with during this interaction and receiving of services.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by PFP/PIM and my individual provider/practitioner. This may include, but is not limited to, waiting in my vehicle and/or home until I am asked to enter the building/vehicle either in person or via telephone; washing my hands prior to each session; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective medical mask and/or gloves.

I agree to cancel my services should I have within the previous 24 hours to 2 weeks personally exhibited or have been in contact with someone who has presented with illness including; cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of my provider once I have notified them of these risks in regards to my future services during this pandemic.

PFP/PIM will engage in regular cleaning and sanitizing of horse tack, grooming supplies and office, doors, and frequently touched areas in-between clients and on a daily basis as recommended by the CDC and our contracted Veterinarian for the safety of clients, employees, volunteers and horses.

I am signing under my own free will and choice and agree to follow the terms and requirements outlined above and hold harmless all individuals associated with or through my services acquired from PFP/PIM for any and all risk that my child(ren) or I may be exposed to or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at PFP/PIM may result from the actions, omissions, or negligence of myself and others, including, but not limited to PFP/PIM employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at PFP/PIM or participation in PFP/PIM programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the PFP/PIM, its



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employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the PFP/PIM, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any PFP/PIM programming.

Client Name: _____ Date: _____

Client Signature: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Witness Signature: _____