



# JAF's THERAPY IN MOTION

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## VOLUNTEER/STAFF INFORMATION FORM AND HEALTH HISTORY

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of school \_\_\_\_\_ City \_\_\_\_\_ Place of Employment \_\_\_\_\_

If Under Age 18: Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

Parent/Guardian Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Experience with horses (Y/N) \_\_\_\_\_ If yes, specify \_\_\_\_\_  
(please use back of form to list more detailed information if needed)

Special Training/Skills (Circle) Special Ed OT PT SLP RN LPN EMT First Aid CPR Other \_\_\_\_\_

When are you available \_\_\_\_\_

### HEALTH HISTORY

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, physical limitations, recent hospitalizations/surgeries, or lifestyle changes.

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

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Medical tests: Last Tetanus Shot \_\_\_\_\_ Tuberculosis 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/parent or legal guardian of volunteer) or (staff)*

Name \_\_\_\_\_

**VOLUNTEER/STAFF LIABILITY RELEASE**

As a volunteer and/or staff at JAF's Therapy In Motion, Inc., I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the 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 JAF's Therapy In Motion's Inc., program.

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

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Parent /Guardian for Volunteer under Age 18)

**VOLUNTEER'S: Check which areas you are interested in:**

- |   |  |
|---|--|
| <input type="checkbox"/> Leading a horse during a session | <input type="checkbox"/> Stable chores             |
| <input type="checkbox"/> Sidewalking with a rider         | <input type="checkbox"/> Maintaining outdoor areas |
| <input type="checkbox"/> Grooming/Horse Care              | <input type="checkbox"/> Fundraising               |
| <input type="checkbox"/> Tacking                          | <input type="checkbox"/> Any Position Needed       |

**PHOTO RELEASE**

I \_\_\_ DO

I \_\_\_ DO NOT

Consent to and authorize the use and reproduction by JAF's Therapy In Motion, Inc., of any and all photographs and any other audio-visual materials taken of me for promotion material, educational activities, exhibitions or for any other use for the benefit of the program.

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

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Parent/Guardian for Volunteer under age 18)

**CONFIDENTIALITY AGREEMENT**

I understand that all information (written and verbal) about participants at JAF's Therapy In Motion is confidential and will not be shared with anyone without the consent of the participant and their parent/guardian in the case of a minor.

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