



5730 Lafayette Rd.
Medina, OH 44256
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Judy@JafsTherapy.org

Volunteer / Staff Information and Health History Form

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 if under age 18) 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 _____
(volunteer/parent or legal guardian of volunteer if under age 18) or (staff)

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

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

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 _____
volunteer/parent or legal guardian of volunteer if under age 18) or (staff)

BACKGROUND INFORMATION

Have you ever been charged with or convicted of a crime? Yes No If Yes - Explain _____

I (volunteer/staff name) _____ authorize JAF's Therapy In Motion to receive information from any law enforcement agency, including police and sheriff 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.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly DO NOT authorize JAF's, 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 _____
(volunteer/parent or legal guardian of volunteer if under age 18) or (staff)

Current Driver's License (Y) (N) License Number: _____ State _____

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 _____

(volunteer/parent or legal guardian of volunteer if under age 18) or (staff)