

Friends For Tomorrow, Inc.
 PO Box 213, Lincoln, MA 01773
 (781) 259-8909
 A NARHA Member Organization
 Diane Lesneski Auger, Executive Director

**VOLUNTEER REGISTRATION FORM
 LIABILITY RELEASE AND EMERGENCY CONTACT INFORMATION**

VOLUNTEER NAME : _____ DATE : _____

PHONE NUMBERS: _____

IF UNDER 18, PARENT OR GUARDIAN NAME : _____

COMPLETE HOME ADDRESS: _____

CURRENT E-MAIL ADDRESS : _____

LIABILITY RELEASE

I confirm that (name)..... would like to participate in the **“Friends For Tomorrow, Inc.”** horseback riding program.

I acknowledge the risks and potential for risks of horseback riding and related activities. However, I believe and acknowledge that the possible benefits to my son/daughter/ward 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 **“Friends For Tomorrow, Inc.”**, its Board of Directors, Instructors, Therapists, Aides, Volunteers, Employees, Land Owners, and/or Horse owners for any and all injuries and/or losses by son/daughter/ward may sustain while participating in activities at **“Friends For Tomorrow, Inc.”**

..... hereby acknowledges that neither the Property Owners, Horse owners, Instructors, Volunteers, nor Board Members associated with **“Friends For Tomorrow, Inc.”** accept or assume any responsibility or liability for injury or damage to persons or property due to whatever cause.

SIGNATURE : _____ Date : _____

(This form must be completed by a parent or legal guardian for persons less than 18 years of age)

PHOTO RELEASE

(Please Check one) _____ **I do** hereby consent to and authorize, _____ **I do NOT** consent to nor do I authorize the use and reproduction by **“Friends For Tomorrow Inc.”** of any and all photographs and other audiovisual materials taken of me/my son/daughter/ward for promotional printed material, educational activities or for any other lawful use for the benefit of the program.

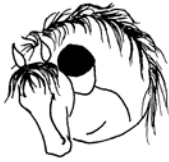
SIGNATURE : _____ Date : _____

(This form must be completed by a parent or legal guardian for persons less than 18 years of age)

AKNOWLEDGEMENT OF FFT POLICIES

1. I acknowledge that I have read and signed the cancellation policy.
2. **I** acknowledge that I have read & signed the FFT confidentiality policy.
3. I acknowledge that I have read the FFT driveway policy.
4. I acknowledge FFT Staff reserves the right to ask a volunteer to leave the premises if inappropriate behavior is witnessed on the property. FFT also reserves the right to have a criminal background check (CORI) on a volunteer, if we deem it necessary.
5. I will contact Diane Auger, Executive Director if I have questions or concerns on any of these policies.

SIGNATURE : _____ Date : _____



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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORM

In the event emergency medical aid/treatment is required due to illness or injury during the participation of activities, or while being on the property of the agency, I authorize Friends For Tomorrow, Inc. to:

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

In the even of an emergency, please contact:

Name/Relationship _____ Phone No. _____

Name/Relationship _____ Phone No. _____

Physician's Name & Medical Facility : _____

Health Insurance Company & Policy No. : _____

Allergies and Medication Allergies : _____

Current Medications : _____

When was your last Tetanus Shot? _____

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 person(s) above is unable to be reached.

Consent Signature: _____ Date : _____ Circle: Client, Parent or Legal Guardian

This document to be counter- signed by center staff. Staff Signature _____ Date : _____

Non-Consent Plan

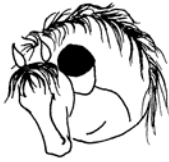
I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Consent Signature: _____ Date : _____ Circle: Client, Parent or Legal Guardian

This document to be counter- signed by center staff. Staff Signature _____ Date : _____

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, recent hospitalizations/ surgeries, include all medications currently taking or lifestyle changes.



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VOLUNTEER INFORMATION AND HISTORY

Name: _____ Date of Birth: _____ Gender _____

Height: _____ Weight _____ We ask this so that we can pair you up appropriately with students.

Occupation/ Name of School: _____

How did you learn about the program? _____

Reason for Volunteering: Personal Fulfillment____ School requirement ____ Court Required Community Service____ Other ____

Check which areas you are interested in:

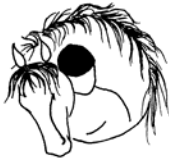
<u>Program</u>	<u>Special Events</u>	<u>Administration</u>
Horse handling	Horse Show	Photography/ Video
Sidewalking with a student	Special Olympics	Newsletter
Barn Assistance	Future Planning	Fundraising
Public Relations	Grant writing	Budget & Finance
Fundraising		

Do you have any experience with horses? Do you feel comfortable around them? Please explain:

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: _____
(This form must ALSO be completed by a parent or legal guardian for persons less than 18 years of age)

Signature: _____ Date: _____
(volunteer/staff; counter-signed by center staff)



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FFT CONFIDENTIALITY POLICY

I. General Principles

Friends for Tomorrow shall respect, preserve and protect the right of confidentiality and privacy for all individuals involved in this program.

II. Information Covered by the Confidentiality Policy

All medical, financial, social, personal, and referral information shall be covered by this policy. The staff shall keep confidential all medical, financial, social, personal and referral information. During your work with our program, you may accidentally overhear, oversee, or otherwise gain confidential information about our clients and their families, staff or volunteers. ALL INFORMATION MUST BE REGARDED AS CONFIDENTIAL. This information is protected and must not be disclosed to anyone without the proper authorization.

And, although we want you as volunteers to be friendly with the students, we ask that YOU KEEP YOUR PERSONAL INFORMATION TO A MINIMUM. All conversations on the Berryfield property must be child-appropriate and respectful. Please remember that this whole program is based on the students and families of Friends For Tomorrow, and the focus should be on them.

III. Persons Subject to the Confidentiality Policy

Anyone who works for, volunteers for, or provides services to Friends for Tomorrow shall be bound by this policy. This includes but is not limited to:

- All staff
- Independent Contractors
- Temporary employees
- Volunteers
- Board Members

This policy also applies to anyone who may obtain information, either accidentally or on purpose.

IV. Consent

Consent for any involvement with this program may be given only by the individual if legally competent and over 18 years of age, or by their parent(s) or legal guardian of the individual. Written consent in accordance with our required forms is mandatory.

Written consent must be obtained from the individual before any information is disseminated to any outside individual or agencies. No information shall be released without express and specific written instruction from the individual.

V. Penalties for Unauthorized Disclosure

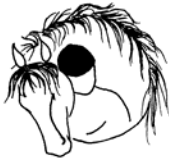
There are serious personal, professional and legal penalties that can result from breaching this Confidentiality Policy. We cannot emphasize enough that we will take any breach of confidentiality seriously. Penalties for failure to honor this policy will include:

- Written Reprimand
- Written Reprimand and Loss of certain Job Responsibilities
- Termination of Relationship with Friends for Tomorrow

VI. Acceptance of Terms of Confidentiality Policy

I, _____, understand and accept the terms of this policy.

Signature: _____ Date: _____



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VOLUNTEER TRAINING

As of February 17th, 2009, we are requiring that all of our volunteers be trained and have the following form completed in order to participate as a volunteer.

Please initial the following

_____ I have read the FFT Volunteer Manual.

And one of the two must be signed by Volunteer Coordinator, Allie Dingman:

_____ has:

A. Completed a FFT volunteer training session

B. Is a knowledgeable and safe volunteer from experience with FFT.

Volunteer Signature: _____ Date: _____

Volunteer Coordinator Signature: _____ Date: _____