

## Take Flight Farms Volunteer Application

Please complete this packet and return to Take Flight Farms at  
1004 Farnam St., Suite 400, Omaha, NE 68102

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

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

Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_ (cell) \_\_\_\_\_

Horse experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Barn/horsemanship skills you feel confident teaching to someone else: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### For Office Use Only

App Complete

TFF Release

PHF Release

Conf Stmt

Registry

CPS Clearance

Directory

Contacts

Training Scheduled

Date \_\_\_\_\_

Farm \_\_\_\_\_

Training Completed

Date \_\_\_\_\_

Farm \_\_\_\_\_

Prog Commitment:

\_\_\_\_\_

\_\_\_\_\_

**TAKE FLIGHT FARMS, INC.**

**Volunteer (Please Print)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Health Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Person to Contact in Event of Emergency: \_\_\_\_\_

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

**A. RELEASE AND AGREEMENT**

I hereby release Take Flight Farms, Inc., its Board of Directors, agents, contractors and employees from any and all claims, causes of action, liability, suits, or demands for compensation for injuries or property damage resulting from taking part in and/or assisting with any Take Flight Farms, Inc. activities including, but not limited to, equestrian activities and using equestrian facilities.

I am aware of the inherent risks and dangers of being involved in equestrian activities. I agree to wear protective equipment for all equestrian-related activities. Take Flight Farms, Inc. strongly encourages that all riders, at all times, and in any and all circumstances, wear protective head gear.

This Release and Agreement contains the entire agreement between the parties hereto. I have carefully read the foregoing Release and Agreement and know the contents thereof and signed the same as my own free act.

**B. HEALTH INFORMATION**

1. Describe below any illnesses, diseases, medical conditions or other information pertaining to your health which may affect your participation in Take Flight Farms, Inc. activities.

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

2. List any medications you are currently taking and/or take on a regular basis. Include whether you use an inhaler.

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

3. List your allergies, if any, including allergies to medications.

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

**C. EMERGENCY MEDICAL CONSENT**  
(CHECK APPLICABLE BOX)

In the event emergency medical aid/treatment is required due to illness or injury during Take Flight Farms, Inc. activities, I authorize Take Flight Farms, Inc. to:

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

This authorization includes, but is not limited to, x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician.

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:

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**D. PHOTOGRAPHY**  
(CHECK ONE BOX)

I hereby consent to Take Flight Farms, Inc. utilizing photographs of me in promotional materials, its website or in any other way Take Flight Farms, Inc. in its discretion desires to use them.

I hereby do not consent to Take Flight Farms, Inc. utilizing photographs of me in promotional materials, its website or in any other way Take Flight Farms, Inc. in its discretion desires to use them.

**E. BACKGROUND**

Have you ever been convicted of a felony, or of any crime relating to dishonesty or involving acts of violence?

No  Yes, as follows: \_\_\_\_\_

Note: A conviction record will not necessarily disqualify you. The circumstances of the conviction will be considered in relation to your anticipated duties.

I expressly authorize Take Flight Farms, Inc. to contact any of my past or present employers, education institutions, and any public agencies, licensing authorities or other sources for personal or professional references and to verify the accuracy of the information provided by me.

**F. WARNING**

Under Nebraska Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to sections 25-21,249 to 25-21,253.

Please sign, date and return to:

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

Take Flight Farms

1004 Farnam St. Ste. 400

Omaha, NE 68102

**Take Flight Farms  
Confidentiality Policy and Statements**

It is the policy of Take Flight Farms that all information regarding individuals receiving services through and from Take Flight Farms (including but not limited to all medical, social, referral, personal and financial information regarding such individuals and their families) shall be held strictly confidential and shall not be disclosed without the written authorization of the individual or the individual's legally authorized representatives, except as permitted by law. All employees, independent contractors, volunteer, Board members, officers and agents of Take Flight Farms are expected to uphold and act in accordance with this confidentiality policy. Failure to do so may result in termination of employment and/or any other relationship with Take Flight Farms. Violations of the policy may also result in monetary damages and criminal penalties in the case of certain highly protected information.

**Acknowledgement and Agreement**

I understand that in the course of fulfilling my responsibilities, I may review information that is confidential and thereby protected by this policy and, in the case of certain information, by state and federal law.

I further understand that this policy and confidentiality rule require that I not disclose information pertaining to any participant in any Take Flight Farms program to any person outside Take Flight Farms without the prior written authorization of the individual who is the subject of the information or that individual's legally authorized representative except as permitted or required by law.

This Agreement will remain in effect unless and until replaced by a subsequent written agreement that states that it replaces this Agreement. I acknowledge that I sign this statement knowingly and voluntarily.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

PLEASE FILL OUT COMPLETELY AND LEGIBLY

I understand that as a condition of my employment or involvement as a volunteer, my name will be checked against the Nebraska Department of Health and Human Services Adult/Child Protective Services Central Registries. A check of these registries is necessary to ensure that I meet provider standard. One copy of this form will be sent to the Child Protective Service Registry, as they are two separate areas.

The purpose of this check will be to determine if my name is being maintained on either registry as a result of previous abuse/neglect allegations which have been investigated and have not been determined to be unfounded.

To the best of my knowledge, I do not have a conviction or prior history of adult or child abuse/neglect or maltreatment. Neither have I been convicted of a crime involving moral turpitude.

I hereby authorize the Nebraska Department of Health and Human Services to release information contained on the Adult or child Protective Services Central registry including the information that a record has been found to:

Take Flight Farms, Inc.  
(Agency/Facility Name)

1004 Farnam Street, Suite 400, Omaha, NE 68102 402-930-3066  
(Agency Address and Fax Number)

\_\_\_\_\_  
(Signature of Applicant/Employee)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Printed/Typed Name of Employee)

\_\_\_\_\_  
(Social Security Number)

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

Other Names Used  
(Please Print or Type)

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

Other Addresses in Past 20 Years  
(Please Print or Type)

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

Names of Children Who Have Lived with You  
(Please Print or Type)

\_\_\_\_\_  
(Applicants Date of Birth)

\_\_\_\_\_  
(Current Street Address/City/Zip-Do Not use PO Box)

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Date Witnessed)

This release become void 90 days after signature by Applicant

Adult/Child Protective Services  
P.O. Box 95044  
Lincoln, NE 68509-5044