



Volunteer Application

General Information:

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

E-mail address: _____

Employer/School: _____

Work Address: _____

Phone: (H) _____ (C) _____ (W) _____
Which number is the best to contact you at?

Date of Birth: _____

Emergency Contact: _____ Phone: _____

Do you have any medical conditions that we need to be aware of (including allergies or asthma)? _____

Have you volunteered with Majestic Hills Ranch before? Yes No If yes, what year? _____

Do you have any experience working with horses? Yes No If yes, please describe? _____

Check which areas you are interested in:

- | | | |
|---|--|--|
| <input type="checkbox"/> Horse Handling | <input type="checkbox"/> Facility Repairs | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Sidewalking with a student | <input type="checkbox"/> Photography/Video | <input type="checkbox"/> Volunteer Recruitment |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Grant Writing |

Photo Release

I DO

DO NOT

Consent to and authorize the use and reproduction by Majestic Hills Ranch of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Signature: _____ 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 LIABILITY RELEASE

As a volunteer at Majestic Hills Ranch, 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 Majestic Hills Ranch, Karen (Kim) Howard, it's board of directors, instructors, therapists, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in Majestic Hills Ranch.

Date: _____ Signature: _____

Date: _____ Signature: _____

Witness

Confidentiality Agreement

I understand that all information (written and verbal) about participants at Majestic Hills is confidential and will not be shared with anyone without the expressed written consent of the participant or their legal guardian.

Signature: _____ Date: _____



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORM

Participant

Staff

Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Majestic Hills Ranch 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 emergency treatment

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.

Date: _____ Consent Signature: _____

Client, Parent, or Legal Guardian

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:

Date: _____ Consent Signature: _____

Client, Parent, or Legal Guardian

When complete either mail, e-mail, or fax the forms to:

Kris Zieska
 c/o ASI Employment
 3001 Metro Dr #480
 Bloomington, MN 55425

KZieska@MajesticHillsRanch.com

Fax: 952-888-6153

PLEASE REMEMBER, if there is an emergency and you cannot make your schedule you must notify Kris Zieska ASAP! Please contact her by cell @ 952.426.5688.

2012 Riding Schedule

Dates of sessions (depending on weather)	Week days	Session times – maximum five riders per session
Spring Session (Session 1) May 7 th – June 21 st June 25 th – July 5 th Make Up Weeks	Monday – Thursday	4:00 pm, 5:30 pm, 7:00pm
Summer Session (Session 2) July 9 th – August 23 rd Aug. 27 th – Sept. 6 th Make Up Weeks	Monday – Thursday	9:00 am, 10:30 am 4:00 pm, 5:30 pm, 7:00pm
Fall Session (Session 3) September 10 th – October 25 th Oct. 29 th – Nov. 8 th Make Up Weeks	Monday – Thursday	4:00 pm, 5:30 pm, 7:00pm

Note: the Ranch will be closed:

*Memorial Day May 28th
 Independence Day July 4th
 Labor Day September 3rd*

*Makeup date: June 25th
 Makeup date: Not available
 Makeup date: Not available*

Please choose your 1st, 2nd and 3rd choice for the scheduled day. Shifts are from 8:00 am to noon or 3:45 pm to 8 pm.

TIMES	MONDAY			TUESDAY			WEDNESDAY			THURSDAY		
	Session 1	Session 2	Session 3	Session 1	Session 2	Session 3	Session 1	Session 2	Session 3	Session 1	Session 2	Session 3
9:00 am												
10:30 am												
4:00 pm												
5:30 pm												
7:00 pm												

Are you able to substitute for other days / nights?

If so, please mark down those days with an "S." We will be calling for substitutes if we fall short of volunteers.

How did you hear about Majestic Hills Ranch? _____

2012 PROGRAM SCHEDULE *(For you to keep)*

May – October, Weather Dependant

Dates of sessions (depending on weather)	Week days	Session times – maximum five riders per session
Spring Session (Session 1) May 7 th – June 21 st June 25 th – July 5 th Make Up Weeks	Monday – Thursday	4:00 pm, 5:30 pm, 7:00pm
Summer Session (Session 2) July 9 th – August 23 rd Aug. 27 th – Sept. 6 th Make Up Weeks	Monday – Thursday	9:00 am, 10:30 am 4:00 pm, 5:30 pm, 7:00pm
Fall Session (Session 3) September 10 th – October 25 th Oct. 29 th – Nov. 8 th Make Up Weeks	Monday – Thursday	4:00 pm, 5:30 pm, 7:00pm

Each session is 7 weeks in length, with 2 weeks between each for potential make up lessons. If you are able to commit to the entire 9 week length, it would be greatly appreciated.

The initial volunteer training will be held several weeks prior to the start of the program at a couple different times. Training will be anywhere from 2 to 6 hours depending on weather and size of group attending. Volunteers coming into the program after the start of the program will be trained on the first evening of their participation.

Each session will have 5 leaders that are experienced with handling horses and up to two sidewalkers per rider. Leaders and sidewalkers will be paired with the same rider as much as possible, so that they can work as a team each week in order to develop individual goals.

Additional ranch chores will be done between classes, which may include cleaning stalls and paddocks, scrubbing and filling water tanks, cleaning the petting zoo area, etc.

Volunteers will be asked to make a rain or shine commitment.

Morning shift is approximately 4 hours from 8:00 AM – 12:00 PM

Afternoon shift is approximately 4.5 hours from 3:30 PM – 8:00 PM.

The ranch will be closed on the following days:

Memorial Day May 28th
Independence Day July 4th
Labor Day September 3rd

Makeup date: June 25th
Makeup date: Not available
Makeup date: Not available

CRITICAL: If an emergency arises, you must notify Kris 952-426-5688 *as soon as possible* so she can try to arrange for a substitute. If we are short volunteers, we cannot hold the sessions for the children. We count on you to follow through with your commitment. For 2012 we expect to have over 100 children involved in the program; that can mean we will need between 160 – 200 volunteers *per week* to run the classes. If you know of anyone else who would be interested in volunteering, please pass the information along to them.

Thank you so very much for your support of our program!
We could not do it without you!