



MAJESTIC HILLS RANCH

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"/> Carriage Driving | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Fundraising | | |

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 or fax the forms to:

Craig Swanson
c/o ASI Employment
3001 Metro Dr #480
Bloomington, MN 55425

Fax: 952-888-6153

PLEASE REMEMBER, if there is an emergency and you cannot make your schedule you must notify Craig Swanson ASAP! Please contact him by cell (@ 612.759.1840

2012 Riding Schedule

The current schedule is still tentative. We will know our schedule better once we have spoken with the therapists from the VA medical center. The days may vary, so please let us know if you would be able to come with little notice.

TIMES	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Morning						
Afternoon						

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 7th – November 3rd, Weather Dependant

Classes:

May 7th – November 3rd (possibly later, depending on the fall weather)

Currently we are looking at Tuesday, Thursday, Friday and Saturday afternoons/evenings and Friday mornings for classes. These days may change as we speak to the VA Medical Center, so please be aware that we will make every effort to find a time that works with your availability.

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 how many volunteers there are present for training.) Volunteers coming into the program after the start of the program will be trained as needed before they start their schedule.

Each session will need 1 leader that is experienced with horses and up to two sidewalkers per rider. We will try to pair up each leader and sidewalker team with the same rider each week in order to develop a relationship.

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

Shift times may vary, but are approximately 4 hours in length. We prefer a minimum of a once a week commitment for as long each volunteer is able to commit to.

The ranch will be closed on the following days:

May 28th (Memorial Day)

July 4th (Independence Day)

September 3rd (Labor Day)

CRITICAL: If an emergency arises, you must notify Craig at 612-759-1840 *as soon as possible* so he can try to arrange for a substitute. If we are short volunteers, we cannot hold the sessions for our riders. We count on you to follow through with your commitment. For 2012 we expect to have 30–50 Veterans involved in the program; that can mean we will need between 15–30 volunteers *per week* to run the therapy sessions. 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!*