



MAJESTIC HILLS RANCH

Volunteer Application

General Information:

Name:

Date:

Address:

E-mail address:

Employer/School:

Work Address:

Date of Birth:

Phone:(H)

(C)

(W)

Which number is the best to contact you at?

Emergency Contact:

Phone:

Do you have any medical conditions that we need to be aware of?

How did you hear about the program?

Do you have any experience working with horses?

If so, what and how much?

Check which areas you are interested in:

Program

Horse Handling

Facility Repairs

Public Relations

Sidewalking with a veteran

Photography/Video

Volunteer Recruitment

Fundraising

Newsletter

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.

Date: _____ Signature: _____



MAJESTIC HILLS RANCH

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORM

Name:

DOB:

Phone:

Address:

Physician's Name:

Preferred Medical Facility:

Health Insurance Company:

Policy #:

Allergies to medications:

Current medications:

In the event of an emergency, contact:

Name:

Relation:

Phone:

Name:

Relation:

Phone:

Name:

Relation:

Phone:

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 ranch, I authorize Majestic Hills Ranch 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 emergency treatment

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.

Date:

Consent Signature:

Emergency Contact

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:

Signature:

When complete either mail or e-mail the form the form to:

CJ Pierson
c/o ASI Employment
3001 Metro Dr #480
Bloomington, MN 55425

cpierson@asiemployment.com

PLEASE REMEMBER, if there is an emergency and you cannot make your schedule you must notify me ASAP! Please always keep my cell phone number handy Craig Swanson 612-759-1840.

2010 PROGRAM SCHEDULE

June – October 28th, depending on the weather.

Heroes on Horseback is a new pilot program that is just being developed. We are currently looking for volunteers for Monday and Thursday evenings or Saturdays. Length of time each day is yet to be determined.

The initial volunteer training will be held prior to the start of your volunteering with the veterans. A training time will be set-up for you. Training will be anywhere from 4 to 6 hours.

Each session will have a lead that is experienced with horses and two sidewalkers for each participant. Each Lead and sidewalkers will work as a team with the same veteran each week in order to develop a relationship with that veteran. Volunteers should be able to walk in sand for up to an hour at a time. Sidewalkers must have the body strength to pull a veteran from the saddle in case of an emergency.

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 May 31st, July 5th and Labor Day week.

CRITICAL: If an emergency arises you must notify Craig 612-759-1840 as soon as possible so he can try to arrange for a fill-in. If we are short volunteers we cannot hold the sessions for the veterans. We count on you to follow-through with your commitment. If you know of anyone else who would be interested in volunteering, please pass the information along to them.