



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 student

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, 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: _____

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 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 **952-426-5688**.

Please choose 1st, 2nd and 3rd choice for your scheduled day. Shifts are from 8:00 am to 12:00 and 3:45 pm to 8 pm.

2010 Riding Schedule

TIMES	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
9:00				
10:30				
4:00				
5:30				
7:00				

How did you hear about Majestic Hills Ranch? _____

2010 PROGRAM SCHEDULE

May 3rd – October 28th, depending on the weather.

May 5th – October 30th the sessions are 4:00 PM, 5:30 PM & 7:00 PM Monday - Thursday
Vicki is Head Instructor and there will be five children per session

June 14th – September 2nd the sessions are 9:00 AM, 10:30 AM, Monday – Thursday. Molly is Head Instructor for the morning sessions and there will be five children per session.

Friday's will be used for Child evaluations. 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 4 to 6 hours. Volunteers coming into the program after the start of the program will be trained on the Friday before they start their schedule.

During the evaluation with the parents Vicki will fill out a Participant's Profile on each child. The Leads will have access to this information to help understand the needs of each child they are working with.

Each session will have 5/6 Leads that are experienced with horses and two sidewalkers. Each Lead and sidewalkers will work as a team with the same children each week in order to develop a relationship with each child. In-between sessions the Leads will work with their team and teach them how to halter a horse, saddle a horse, groom and exercise the horses and how to do barn chores and take care of the animals in the petting zoo.

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

Morning shift is 4.5 hours from 8:00 AM – 12:00 PM

Afternoon shift is 4.25 hours from 3:45 PM – 8:00 PM.

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 Vicki 952-426-5688 as soon as possible so she can try to arrange for a fill-in. If we are short volunteers we cannot hold the sessions for the children. We count on you to follow through with your commitment. For 2010 we want to have 100 children involved in the program; that can mean we will need up to 150 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.