



# Equine Assisted Learning & Therapeutic Riding Center

1231 East Ardmore Road, Phoenix, AZ 85042  
 Phone: 602-268-4972 / Fax: 775-244-8049  
 www.RobinsonRanch.org

## Robinson Ranch Volunteer Application Form

### VOLUNTEER APPLICATION CRITERIA

The mission of Robinson Ranch is to provide comprehensive educational programs for under-privileged, disabled and able-bodied children and adults, utilizing horses to facilitate growth, learning and healing. Thank you for helping us to pursuing this mission to enrich the lives of our students in a caring, safe, and challenging environment that will enable them to reach their full potential.

Enclosed are the necessary forms each volunteer **MUST** fill out and return to begin the process of becoming a Robinson Ranch volunteer. Please note we cannot accept any applicant with a history of abusing or neglecting a child. Background checks are **REQUIRED** for all volunteers of Robinson Ranch and fingerprints are kept on file.

The volunteer application/information, emergency medical treatment and release forms need to be e-mailed to our volunteer coordinator at Volunteer@RobinsonRanchAZ.org or faxed to 1-775-244-8049. Before volunteering at the ranch, all volunteers must attend a volunteer orientation. Orientations are held on the third Saturday of every month. Portions of the application that need to be witnessed will be completed at the orientation. You can register for the orientation by e-mailing our volunteer coordinator or calling our office.

**Are you under the age of 18? If yes, it is imperative, before you start volunteering at Robinson Ranch, to have your parent/guardian sign: (1) Photo Release, (2) Liability Release, and (3) Emergency Medical Treatment Consent and that these signatures are witnessed by a Robinson Ranch employee.**

### VOLUNTEER INFORMATION

Name (Last, First):

Today's Date (MM/DD/YY):

Date of Birth (MM/DD/YY):

Home Phone:

Mobile Phone:

E-Mail:

Street Address:

City:

State:

ZIP Code:

Are you under the age of 18?

Yes

No

Would you like to receive information about our upcoming classes, clinics, events, etc?

Yes

No

Is this for school/internship/community service hours?

Yes

No

School Name:

Class Name:

Do you have horse experience?

Yes

No

If yes, please briefly explain:

### VOLUNTEER AVAILABILITY

- |  |        |        |  |        |        |  |        |        |
|--|--------|--------|--|--------|--------|--|--------|--------|
| <input type="checkbox"/> <b>Monday</b>   | A<br>M | P<br>M | <input type="checkbox"/> <b>Tuesday</b>                        | A<br>M | P<br>M | <input type="checkbox"/> <b>Wednesday</b>      | A<br>M | P<br>M |
| <input type="checkbox"/> <b>Thursday</b> | A<br>M | P<br>M | <input type="checkbox"/> <b>Friday</b>                         | A<br>M | P<br>M | <input type="checkbox"/> <b>Saturday</b>       | A<br>M | P<br>M |
| <input type="checkbox"/> <b>Sunday</b>   | A<br>M | P<br>M | <input type="checkbox"/> <b>Early Morning<br/>(Before 8AM)</b> |        |        | <input type="checkbox"/> <b>Special Events</b> |        |        |

Scheduling Notes:

### FOR INTERNAL USE ONLY

*This application has been checked for legibility, completeness, signature of primary and has copies of required supporting documents.*

RECEIVED/INSPECTED BY:

- |   |  |
|---|--|
| <input type="checkbox"/> APPLICATION DATE RECEIVED:     | <input type="checkbox"/> CONTACT DATE:     |
| <input type="checkbox"/> ATTENDED VOLUNTEER ORIENTATION | <input type="checkbox"/> FINGER PRINTS     |
| <input type="checkbox"/> PHOTO RELEASE                  | <input type="checkbox"/> LIABILITY RELEASE |
| <input type="checkbox"/> EMERGENCY MEDICAL RELEASE      |  |

NOTES:



# VOLUNTEER APPLICATION

## VOLUNTEER JOBS

*Volunteering is a tremendously self-rewarding adventure. At Robinson Ranch, you can choose from a great many jobs and committees. All of these are designed to help support our horsemanship programs. Whatever your talents or interests, we can put them to good use at Robinson Ranch! Please check the box for the jobs that interest you.*

- Administrative:** Data entry, drafting correspondence, preparing meeting notes, and communicating with our supporters. Hours are flexible and our efficient staff supports you and your efforts.
- Fundraising:** As a nonprofit, fundraising is a critical part of keeping the Robinson Ranch running effectively. Reach out to local businesses to donate goods and products for raffles and auctions throughout the year. Plan fundraising events that can help us reach our fundraising goals! We are always looking for new and fresh ideas.
- Special Events:** You can attend local equine events to promote Robinson Ranch, or you can spend time planning weekend camping trips, ranch open houses, or any other of our amazing events!
- Facility Maintenance:** Are you a handyman or green thumb type? We can always use help to maintain and improve the premises. Help us paint, repair, improve, or further beautify our facilities to create a safe and welcoming environment for our students and volunteers.
- Do you have any special skills other than the ones we have listed? Please briefly describe:
- Marketing:** We need inspired people to help tell our story. Create story boards, shoot video, create newsletters, or work on our website.
- Volunteer Support:** Help develop volunteer programs and assist with training, recognition and recruiting great people like you. Works directly with the community, schools, and local agencies to build our teams.
- Horse Care & Maintenance:** Help clean the stalls, water and feed the horses. No horse experience required. You MUST be able to work independently and alongside other volunteers.
- Horse Handler/Horse Leader/Side Walker:** Get involved in our Therapeutic Riding and Saddle club lessons by assisting us in the care and handling of our horses. These volunteer positions require training that we offer regularly at the ranch.

## VOLUNTEER INFORMATION CONTINUED

How did you hear about us?

T-shirt Size:     Small     Medium     Large     X Large     2X Large

**Volunteers receive a Robinson Ranch T-Shirt after 20 Hours of service.**

## VOLUNTEER TIME COMMITMENT

*Robinson Ranch is a volunteer-dependent nonprofit organization and therefore requires that our volunteers understand that time commitment required to participate in volunteer service.*

- Do you understand that if you do not come at your designated volunteer time, a rider may not be allowed to ride due to safety precautions?  Yes
- Can you commit to helping for at least a 6 week period?  Yes
- Can you commit to 3-4 hours per week, mid-September through May?  Yes
- Would you be willing to be listed on an "On Call" list? In the event that a class is short volunteers, may we call you as a substitute?  Yes
- If yes, how quickly could you get to Robinson Ranch, if you were called in as an emergency substitute?

## VOLUNTEER PHYSICAL COMMITMENT

- Can you walk briskly for 30 minutes beside a horse?  Yes
- Are you comfortable jogging beside a horse for a short distance?  Yes
- Can you hold one of your arms above your shoulder and support modest weight?  Yes
- Do you have a physical limitations or medical conditions about which we should know?  Yes
- If yes, please explain briefly?

**WARNING: Under Arizona 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 the Revised Statutes of Arizona.**



# VOLUNTEER APPLICATION

## EMERGENCY CONTACT/PARENT OR GUARDIAN INFORMATION

Name (Last, First):		Relationship:
Street Address (If different than above):		
City:	State:	ZIP Code:
Home Phone:	Mobile Phone:	E-Mail:

## ACKNOWLEDGEMENT

I certify the statements and information provided in this volunteer application are factual and true and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest and I release Robinson Ranch from any liability whatsoever for supplying such information.

Signature	Date (MM/DD/YY)
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*If applicant is 17 years of age or younger:*

Parent/Guardian Signature	Date (MM/DD/YY)
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**ROBINSON RANCH IS  
AUTHORIZED BY THE  
ARIZONA DEPARTMENT OF  
PUBLIC SAFETY  
TO CONDUCT...  
ONSITE FINGERPRINTING\***

(Mandatory for anyone volunteering with Robinson Ranch)

Arizona State Legislature 41-17.50 (3) states, we are entitled to “Collect information concerning criminal offenses that manifest evidence of prejudice based on race, color, religion, national origin, sexual orientation, gender or disability.”

**\*What does this mean for me?** You will be fingerprinted ONSITE immediately following orientation. **The fee is \$10** which covers the cost of processing your prints with the State of Arizona. You will be contacted via phone if something appears in your background which contraindicates you from volunteering with Robinson Ranch.

**Safety?** Your prints are stored in a secure location away from public view.

**Questions?** Please call our administrative offices at 602-268-4972.

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# VOLUNTEER APPLICATION

*This form is valid for a period of one (1) year from date signed. A copy of the completed medical history should be attached to this form.*

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORM

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

1. Secure and retain medical treatment and transportation if needed
2. Release client records upon request to authorized medical personnel

Volunteer Name (Last, First):

Date of Birth (MM/DD/YY):

Street Address:

City:

State:

ZIP Code:

Home Phone:

Mobile Phone:

E-Mail:

## EMERGENCY CONTACT/PARENT OR GUARDIAN INFORMATION

1. Name (Last, First):

Relationship:

Phone:

2. Name (Last, First):

Relationship:

Phone:

Physicians Name:

Phone:

Preferred Medical Facility:

Health Insurance Co.:

Policy#/Insurance ID:

## ALLERGIES, MEDICAL CONDITIONS, DIAGNOSIS, AND MEDICATIONS

*Please list any medical problems, special situations, seizure activity, etc.*

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## CONSENT/NON-CONCENT PLAN

*Please select the statement that applies to you.*

- This authorization includes x-rays, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. The provision will only be invoked if the person **listed below is unable to be reached.**
- I do not give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while on the property of the agency. In the event emergency aid/treatment is required, I wish the following procedures to take place:

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Signature:

Date (MM/DD/YY)

*(Parent or Guardian must sign if volunteer is 17 years of age or younger)*

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# VOLUNTEER APPLICATION

## VOLUNTEER LIABILITY RELEASE AND INDEMNIFICATION AGREEMENT

I acknowledge and understand the inherent risks of equine activities and that horsemanship experiences can result in injury and even death. In consideration for being accepted into the Equine Program and for the benefits I receive from participating in the program, I, hereby consent to assume the risks of participation in the horsemanship program sponsored by Robinson Ranch.

Accordingly, I hereby, intending to be legally bound, for myself, my heirs and assigns, executors, or administrators, waive and forever release, acquit, discharge and hold harmless, Robinson Ranch, the owners of the facilities and properties on which Robinson Ranch conducts its Equine Assisted Learning & Therapeutic Riding program, including, but not limited to other properties, John Robinson, Pastor Walter Thomas and Church, the officers, directors, agents, employees, representatives, therapists, instructors, and volunteers, of Robinson Ranch and any other person associated with **Robinson Ranch, or any partners: Salvation Army KROC Center, Roeser Church of Christ, South Mountain YMCA, ETIPSER, I.D.E.A.L, Faith Missionary Baptist Church, Buffalo Soldiers, Arizona Humane Society**, and the successors and assigns of each of them, from **all** manner of claims, demands and damages of every kind and nature whatsoever I may now or in the future have against these parties on account of any losses or personal injuries, physical or mental condition, known or unknown to myself and the treatment thereof, as a result of, or in any way connected with the Robinson Ranch Equine Assisted Learning & Therapeutic Riding program, or growing out of acts of omission or caused by negligence or in any way incidental to the Robinson Ranch Equine Assisted Learning & Therapeutic Riding program.

This agreement shall apply to any horse or horses being used or maintained upon the grounds where a Robinson Ranch event is being held, or any person or equipment affiliated with said event. Furthermore, I assume full responsibility and liability for the conduct and safety of any and all persons, including minors, I bring onto the property where Robinson Ranch events are conducted.

<b>VOLUNTEERS:</b>	I represent that I am physically able to undertake all reasonable volunteers' activities and I participate in such activities at my own risk.	<b>INITIALS:</b>
<b>RIDERS:</b>	I represent that I am physically able to undertake riding activities and have presented a Physician's Medical Statement indicating approval of my participation and I do so at my own risk.	<b>INITIALS:</b>
<b>RIDERS:</b>	I understand the inherent dangers of riding and mounting an equine and understand Robinson Ranch requires each rider to wear an <b>ASTM Approved safety HELMET</b> on property before mounting or riding an equine. <b>If I refuse to wear a helmet on property, I understand that I am riding and mounting AT MY OWN RISK.</b>	<b>INITIALS:</b>

I have read and understand all the above and waive any claim which may arise against Robinson Ranch, its officers, instructors, volunteers, participants, employees, agents, partners or owners of the property where Robinson Ranch events are conducted. This agreement is effective upon signing and continues so long as I participate in Robinson Ranch events.

**I agree to pay all medical costs and attorney's fees arising from any suit, legal proceedings or threatened proceedings that are or may be brought by me contrary to the terms of this agreement in the event I am injured while participating in Robinson Ranch events.**

Signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

*If applicant is 17 years of age or younger:*

Parent/Guardian Signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

Witnesses: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
*(Witnesses must be members of Robinson Ranch Staff)*

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# VOLUNTEER APPLICATION

## PHOTO RELEASE

Please select and complete the statement that applies to you.

- In consideration for being accepted into the Robinson Ranch Equine Assisted Learning & Therapeutic Riding program and for the valuable benefits I receive from participating in the program and promoting the program I, \_\_\_\_\_, hereby authorize Robinson Ranch, its advertising agencies or the news media to have photographs, films or other audio-visual materials taken of me/my son/my daughter/my ward/the participant for promotional material, educational activities, exhibitions or for any other use for the benefit of the Robinson Ranch Equine Assisted Learning & Therapeutic Riding program. I hereby indemnify and hold Robinson Ranch, harmless against any and all claims of damages arising out of the use of any such photographs or films of me/my son/my daughter/my ward/the participant or audio-visual materials containing the me/my son/my daughter/my ward/the participant's image.
- I, \_\_\_\_\_, DO NOT authorize Robinson Ranch, its advertising agencies or the news media to have photographs, films or other audio-visual materials taken of me/my son/my daughter/my ward/the participant for promotional material, educational activities, exhibitions or for any other use for the benefit of the Robinson Ranch Equine Assisted Learning & Therapeutic Riding program.

Signature \_\_\_\_\_

Date (MM/DD/YY) \_\_\_\_\_

*If applicant is 17 years of age or younger:*

Parent/Guardian Signature \_\_\_\_\_

Date (MM/DD/YY) \_\_\_\_\_

Witnesses: 1. \_\_\_\_\_

2. \_\_\_\_\_

*(Witnesses must be members of Robinson Ranch Staff)*

## RISK MANAGEMENT STATEMENTS

- I understand that I cannot smoke while on the property of Robinson Ranch unless in designated areas.  Yes
- I understand Robinson Ranch has designated business hours at which time staff are present on property.  Yes
- I understand that I must wear an approved ASTM riding helmet to ride any horse.  Yes
- I understand that horses are not to be fed anything by hand because hand feeding encourages biting and nipping.  Yes
- I understand that horses are unpredictable and that they may kick, bite, and step on me.  Yes

## CONFIDENTIALITY STATEMENT

Volunteers, riders and their facilities have a right to privacy that gives them control over the dissemination of their medical and/or other sensitive information. Robinson Ranch shall preserve that right of confidentiality for all individuals in its program. I, by signing below, acknowledge this policy and will abide by it.

Signature \_\_\_\_\_

Date (MM/DD/YY) \_\_\_\_\_

*If applicant is 17 years of age or younger:*

Parent/Guardian Signature \_\_\_\_\_

Date (MM/DD/YY) \_\_\_\_\_

Witnesses: 1. \_\_\_\_\_

2. \_\_\_\_\_

*(Witnesses must be members of Robinson Ranch Staff)*

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# VOLUNTEER APPLICATION

## DONATION INFORMATION

*Help support Robinson Ranch in our mission to utilize horses to facilitate growth, learning and healing to provide comprehensive education programs or underprivileged, disabled and able-bodied children and adults. Our programs rely on the generous support of community members like you to offset the cost of our horse, instructor, event and administrative fees.*

Name (Last, First):

Home Phone:

Mobile Phone:

E-Mail:

Street Address:

City:

State:

ZIP Code:

**ANY gift can help a horse or human!!!**

I would like to contribute \$ \_\_\_\_\_ today.

**PLEASE ACCEPT A MONTHLY GIFT OF:**

- \$5.00 MONTHLY FOR ONE (1) YEAR
- \$10.00 MONTHLY FOR ONE (1) YEAR
- \$25.00 MONTHLY FOR ONE (1) YEAR
- \$50.00 MONTHLY FOR ONE (1) YEAR
- \$100.00 MONTHLY FOR ONE (1) YEAR
- \$200.00 MONTHLY FOR ONE (1) YEAR
- MY CHECK IS ATTACHED, MADE PAYABLE TO ROBINSON RANCH

Please Charge: \$  American Express  Discover  MasterCard  Visa

Card #:

Exp. Date:

CCV#:

Name as it appears on card:

Billing Address *if different from above.*

Signature

Date (MM/DD/YY)

I/we authorize Robinson Ranch to charge the above credit card for my pledge each month/year.

Name (Please Print):

Phone:

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