

Wings of Hope Ranch Inc. Volunteer Application

Please complete the following application if you are interested in **long-term** volunteering. We will be contacting you by the date you have provided below if your interests/skills match a need here at the ranch.

Date of Application: ____/____/____

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone(s): ____-____-____ or ____-____-____ Birthday: ____/____/____

VOLUNTEER ROLES

1. Barn Worker

(Must be 18 or older unless you are at least 13 with an adult supervisor.)

Please complete the following section to the best of your knowledge. We understand that schedules change, please simply indicate when and how you would like to make yourself available. The following days and times are when we need people to work at the rescue barn with the horses, (feeding, mucking, training, etc.) please check any/all shifts that you are willing to work. The morning feed/clean must begin before 8:30 am and takes about 1 – 2 hours. The evening feeding routine must start between 5:45 and 9 pm and takes about 20 minutes. Within those time frames, we are flexible as to when the work is done.

Mondays AM _____
Tuesdays AM _____
Wednesdays AM _____
Thursdays AM _____
Fridays AM _____
Saturdays AM _____
Sundays AM _____

Monday PM _____
Tuesdays PM _____
Wednesdays PM _____
Thursdays PM _____
Fridays PM _____
Saturdays PM _____
Sundays PM _____

2. Adult Session Volunteer or a Youth Leader

(Must be age 18 or over to work with a child and horse pair as an adult session volunteer. If you are age 13 – 18, you can be a Youth Leader who assists the Adult/Horse/Child pair during the sessions.)

The following days and times are when we need trained adults and youth leaders to work as session volunteers. Your job would be to work with a child and a horse for an hour and fifteen minutes. We can train an approved volunteer. Simply let us know which day and time you can commit to on a weekly basis from March through May, and September to November, each year.

_____ **4:30-6:00 pm Mondays**
_____ **4:30-6:00 pm Tuesdays**
_____ **4:30-6:00 pm Wednesdays**
_____ **4:30-6:00 pm Thursdays**
_____ **4:30-6:00 pm Fridays**
_____ **4:30-6:00 pm Sundays**

_____ **5:30-7:00 pm Mondays**
_____ **5:30-7:00 pm Tuesdays**
_____ **5:30-7:00 pm Wednesdays**
_____ **5:30-7:00 pm Thursdays**
_____ **5:30-7:00 pm Fridays**
_____ **5:30-7:00 pm Sundays**

3. Other Ways to Assist:

In addition to specific horse, barn and session volunteer activities, please check all that interest you:

<input type="checkbox"/> Artisan	<input type="checkbox"/> Building/Construction	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Fund Raiser
<input type="checkbox"/> Green Thumb	<input type="checkbox"/> Horse Transport	<input type="checkbox"/> Host/Hostess	<input type="checkbox"/> Pure Muscle/Labor
<input type="checkbox"/> Electrician	<input type="checkbox"/> Greeter	<input type="checkbox"/> Intern/Learner	<input type="checkbox"/> Memory Maker
<input type="checkbox"/> Mechanic	<input type="checkbox"/> Musician	<input type="checkbox"/> Office Assistant	<input type="checkbox"/> Prayer Team
<input type="checkbox"/> Silent Auction Help	<input type="checkbox"/> 5k/10K Fundraiser Help		

OTHER QUESTIONS:

We are also open to your ideas. Please list and explain here how you can volunteer your talents and skills:

As a volunteer, what do you feel are your strengths?

Of the skills you possess, which would you like to offer to the ranch?

OTHER QUESTIONS:

How did you hear about Wings of Hope Ranch?

Why would you like to be a Wings of Hope Ranch volunteer?

Wings of Hope Ranch is a faith based (Christian) organization. What are your thoughts on volunteering in a Christian ministry?

SPECIAL NOTE: Wings of Hope Ranch has liability insurance that covers the children that are attending as participants in case they get hurt. This insurance also covers you (the volunteer) in the event you are the session leader with that child that gets injured. However, this insurance does not cover you if you were to be injured while on the ranch/premises and/or working as a volunteer. For this reason it is necessary for all volunteers to have their own medical insurance. If you have read and understand this, please sign here, and provide your health insurance information.

Name	Date	Insurance Company	Policy #

ANYTHING ELSE YOU WANT TO ADD? (Use this space or attach an explanation to this form)

Background Checks: If your application is approved by the board to help with the children, we will then ask you to pay \$12 and fill out the forms to have a background check done. Scholarships are available for those potential volunteers that cannot afford the \$12 fee for the background check.

Waiver: Please sign (or have your parent sign) and return the attached Waiver with your application as it will be required before participating in any activities at Wings of Hope Ranch.

Thank you for considering to donate some of your precious time to Wings of Hope Ranch. You can email, fax or mail your application to our business office:

Wings of Hope Ranch Inc. c/o Alison Boyd,
14266 Three Oaks Lane
Montpelier, VA 23192

Wingsofhoperanch@aol.com

Phone 804-883-8903, x2 Fax 804-237-0435

RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT

The undersigned participant, and his or her parent or legal guardian if the participant is under the age of 18 years old, is aware that equine activities in which the participant may directly or indirectly engage, whether mounted or un-mounted, to include but not be limited to: horseback riding, training, driving, jumping or otherwise being a passenger upon an equine; and also handling, leading, grooming and otherwise attending to the equine, are activities and events which pose potentially **serious risks of injuries or death** to the participants. I understand that the participant may be injured or die as a result of the participant's negligence, the negligence of others, or through no fault of the participant or anyone else but because of the nature of the activity in which the participant is going to be engaged. I also understand that horses, even the most well-trained, are unpredictable and may be difficult to control.

With this waiver, I accept notice of the provisions of the Equine Activity Liability Act, **Sections 3.2-6200 through 3.2-6203 of the Code of Virginia, 1950, as amended**, which state in part, the intrinsic dangers or conditions that are an integral part of equine activities, including but not limited to (i) the propensity of an equine to behave in ways that may result in injury, harm or death to persons on or around them; (ii) the unpredictability of an equine's reaction to sounds, sudden movements, and unfamiliar objects, persons or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability. This waiver shall remain valid unless expressly revoked by me, or if a minor, by a parent or guardian, in writing, with receipt acknowledged in writing by an agent/director of the Wings of Hope Ranch.

Furthermore, with this waiver, I expressly assume the risk of injury or death due to the ordinary negligence of the Wings of Hope Ranch, located at 14505 West Patrick Henry Rd, Montpelier, VA 23192 and any and all of its employees, agents, volunteers, and representatives, However, I understand that this release is not intended to prevent or limit liability in the event of gross negligence or willful misconduct by any of the aforementioned parties.

With knowledge of the foregoing, and as an inducement for the participant's ability to participate in equine activities at the Wings of Hope Ranch, I hereby agree to waive and release any and all rights that I or my heirs may have to make a claim against the Wings of Hope Ranch and all its agents, employees, representatives and volunteers, arising from any damages, injury or death which the participant might sustain while engaging in equine activities at the Wings of Hope Ranch. I further agree to indemnify and hold harmless the Wings of Hope Ranch, its agents, representatives and volunteers from any claims which I might make or which might be made on my behalf by others or which might be made against the Wings of Hope Ranch by others, arising from the participant's equine activities at the Wings of Hope Ranch. Furthermore, I agree to indemnify the Wings of Hope Ranch for any injury, death, loss or damage to any personal property when such injury, death, loss or damage arises from the participant's equine activities at the Wings of Hope Ranch or at an event hosted by the Wings of Hope Ranch.

BY SIGNING THIS WAIVER AND RELEASE, I UNDERSTAND THAT I AM GIVING UP, WAIVING AND RELEASING, ANY RIGHT I MIGHT HAVE TO SUE OR MAKE A CLAIM AGAINST THE WINGS OF HOPE RANCH AND ANY OF ITS AGENTS, EMPLOYEES, VOLUNTEERS OR REPRESENTATIVES, FOR ANY INJURIES THE PARTICIPANT MIGHT SUSTAIN TO ITS PERSON OR ITS PERSONAL PROPERTY, WHILE HORSEBACK RIDING OR OTHERWISE PARTICIPATING, EITHER DIRECTLY OR INDIRECTLY, MOUNTED OR UNMOUNTED, IN AN EQUINE ACTIVITY AT THE WINGS OF HOPE RANCH, AND THAT I AM INDEMNIFYING AND HOLDING HARMLESS, THE WINGS OF HOPE RANCH AND ALL OF ITS EMPLOYEES, AGENTS, VOLUNTEERS OR REPRESENTATIVES, FOR INJURIES TO ANYONE ELSE OR ANY HORSE RIDDEN BY ANOTHER WHILE I AM ENGAGED IN EQUINE ACTIVITIES AT THE WINGS OF HOPE RANCH. IT IS MY INTENT TO GIVE UP THOSE RIGHTS AND PROVIDE THIS HOLD HARMLESS AGREEMENT AND I DO SO KNOWINGLY AND VOLUNTARILY.

Participant Name (printed): _____ Participant Signature: _____

Parent/Guardian Name (printed): _____ Parent/Guardian Signature: _____

Today's Date: ____ / ____ / ____ Participant's Date of Birth: ____ / ____ / ____

Address: _____ City, State, Zip: _____

PARENT OR GUARDIAN RELEASE AND WAIVER: I/We, am/are the parent(s) or guardian of _____, a minor, and on the minor's behalf and on my/our own behalf as the parent or guardian of the minor, I/we accept the release and waiver of liability contained within this form as an inducement for allowing my/our child, or this minor, to participate in equine activities which may occur at Wings of Hope Ranch. I/We have carefully read and understand the provisions as stated above, particularly, the **INTRINSIC DANGERS** associated with all equine activities. I/We further authorize emergency medical care which may be necessary. I/We represent and warrant that I/we have the legal authority to give this release.

Parent/Guardian Signature: _____ Parent/Guardian Signature: _____

If you are not a biological parent of the minor, please provide the court jurisdiction and date where and when you received legal custody:

Court: _____ Date: ____ / ____ / ____