

# Mending Strides Ranch

## Volunteer Application

Volunteer Name: \_\_\_\_\_ Date completed: \_\_\_\_\_

Street address: \_\_\_\_\_ City/state/zip \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: m \_\_\_\_\_ f \_\_\_\_\_

School/employer: \_\_\_\_\_

Parent/guardian name and address: \_\_\_\_\_

\_\_\_\_\_ phone: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

How often would you like to volunteer: once: \_\_\_\_\_ weekly: \_\_\_\_\_ monthly: \_\_\_\_\_ other: \_\_\_\_\_

Do you have experience with horses? yes: \_\_\_\_\_ no: \_\_\_\_\_

Describe \_\_\_\_\_

### **Interests (see descriptions on website)**

Which volunteer tasks are you most interested in? please check box.

Farm maintenance       Stable/ranch hand       Landscape specialist       Technical assistance       Office support

Communications       Fundraising

### **Experience**

Check the areas in which you have experience and would be willing to help with:

#### **Ranch work:**

- Heavy equipment operation
- Carpentry
- Chainsaw operation
- Cleaning corrals/stalls
- Holding horses for vet etc.
- General gardening

#### **Other volunteer work:**

- Work with children
- Work with adults
- Work with veterans
- Non-profit organizations  
which? \_\_\_\_\_

#### **Horse experience:**

- Horse ownership
- Natural horsemanship
- # years' experience: \_\_\_\_\_

#### **Communications:**

- Marketing/advertising
- Fundraising
- Grant writing
- Event planning

#### **Clerical/administration:**

- Mailings
- Data entry
- Research

#### **Technical:**

- Computer assistance
- Social media correspondent
- Photography/videography

HEALTH HISTORY

Please note that some of the volunteer opportunities available at Mending Strides Ranch are more physical than others. Please ensure that you list any health concerns that may affect your ability to work safely around our herd and/or facility. This includes overall fitness, cardiac health, respiratory health, bone or joint function, hospitalizations/surgeries and any lifestyle change that may affect your emotional/mental state while volunteering at Mending Strides Ranch.

Please describe your current health status, particularly regarding the physical demands of working in a farm setting. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

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Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason I should not participate in this Program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian if Volunteer is under 18 \_\_\_\_\_

Photo release

I  Do  Do Not

Consent to and authorize the use and reproduction by Mending Strides Ranch, Inc., of any and all photographs and any other audio/visual materials taken of me for promotional material, education activities, social media, and exhibitions or for any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/legal Guardian if Volunteer is under 18 \_\_\_\_\_

Confidentiality Statement

Volunteers, clients and their families have a right to privacy that gives them control over the dissemination of their medical and/or other sensitive information. Mending Strides 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 of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

(if volunteer is under the age of 18, Parent/guardian must sign)