



28614 N. 172nd Street, Rio Verde, AZ 85263 • www.azrgr.org • 480-466-2154

VOLUNTEER APPLICATION

Name: _____ E-Mail: _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____ Text Msg? Yes [] No []

Would you like reminder notifications for classes, clinics, etc. via email or text? Circle your preference: Email Text Both

Birthday: _____ Veteran? Yes [] Matching Fund Program*? Yes []

*Many places of employment, credit unions, etc., offer matching fund programs where your donations of money or volunteer hours to designated charities will be matched by the employer, credit union, etc. This is particularly helpful during fund raising events.

Place of Employment: _____ Type of Work: _____

Is this for school/internship/community service hours? Y / N

School Name: _____ Class Name: _____

Volunteer Availability

(All times are flexible)

M = Morning 7-11am MD = Mid-Day 11-4pm E = Evening 3-8pm

Please Circle: Mon (M MD E) Tue (M MD E) Wed (M MD E) Thurs (M MD E)

Fri (M MD E) Sat (M MD E) Sun (M MD E)

Volunteer Jobs

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

ADMINISTRATIVE & MARKETING YES []

Data entry, drafting correspondence, meeting notes, phoning, research, accounting, create newsletters, maintain our website, create story boards, take pictures and reach out to others to share your passion.

LANDSCAPING & FACILITY MAINTENANCE: YES []

Are you a handyman or green thumb type? We can always use help to maintain and improve the premises. Weed, plant, water or design! Come out to make Reigning Grace Ranch more aesthetically pleasing with your ideas and expertise.

FUNDRAISING OR GRANT WRITING: YES []

These Super Stars reach out to local businesses to donate goods and products for raffles and auctions throughout the year. They also help keep our riders in the saddle.

VOLUNTEER SUPPORT YES []

Attend volunteer fairs at local schools and companies to promote the various volunteer opportunities available to our community. Help develop and assist with orientations and training throughout.

SPECIAL EVENTS: YES []

Attend local equine events to promote Reigning Grace Ranch, spend time planning a fundraiser, dinner and auction or any other amazing events! Also looking for musicians.

PADDOCK MANAGEMENT: YES []

Looking to roll up your sleeves and get a little dirty?? Well look no further! Help with paddock cleaning, feeding, turn out, etc. No horse experience required, however you must be able to work independently alongside our other ranch buddies.

RANCH HAND/EQUINE HEALTH YES []

If you are interested in being a part of horse care by way of giving supplemental food, feeding horses, cleaning water troughs, grooming, and providing general first aid, this job is for you. No experience needed, just a love for horses.

MENTOR / HORSE LEADER: YES []

If you are interested in spending time with a child and teaching them how to develop a healthy bond between human and horse, this job is for you. Must enjoy children, talking and being uplifting and encouraging. **Fingerprint Clearance Card is required.**

Do you have a special job or skill you would like to do? Please explain:



Volunteer Information

Shirt Size: S M L XL XXL XXXL

Are you under the age of 18? If yes, it is imperative, before you start volunteering, to have a parent or guardian sign the:

- 1) Photo Release, 2) Liability Release, and 3) Emergency Medical Treatment Consent

How did you hear about Reigning Grace Ranch?

This information is important for Reigning Grace Ranch to study the most effective means of reaching the public through the media.

Horse Experience: Please briefly describe your experience with horses, if any, below

Have you had an immunization against Tetanus in the past 10 years? If yes, when? _____ Yes []

Have you had CPR/First Aid Training? If yes, when? _____ Yes []

Would you be interested in taking a special group class for First Aid / CPR? Yes []

Do you speak a language other than English? If YES, which language(s)? _____ Yes []

Do you know American Sign Language? Yes []

Have you worked with people with disabilities before? If yes, please explain: _____ Yes []

Time Commitment

Reigning Grace Ranch is a volunteer dependent non-profit organization. *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 an 8-week period? Yes []

How many hours can you commit to per week mid-September through May? **(Circle One):** [1-2hrs] [3-4hrs] [5-6hrs] [6 or more hrs.]

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 you answered YES to the above, and you were called for an emergency substitution, how quickly could you get to Reigning Grace Ranch?

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 []

Given a chance to change sides, can you hold one of your arms above your shoulder and support modest weight? Yes []

Do you have any physical limitations or medical conditions which we should know? Yes []



Donation Information

All our volunteers 'donate' on an annual basis by giving their time. However, we also ask all first-time volunteers to make a monetary donation to cover administrative and training costs.

\$25 donation – 1 RGR T-shirt included.
Additional T-Shirts may be purchased for \$15/each

NAME AS I WOULD LIKE LISTED IN PUBLICATIONS: _____

Please do not list my name in any publications

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

ANY gift can help a horse or human!!!

I would like to contribute an additional \$ _____ today.

PLEASE ACCEPT A MONTHLY GIFT OF:

_____ \$5.00 MONTHLY FOR ONE YEAR

_____ \$10.00 MONTHLY FOR ONE YEAR

_____ \$25.00 MONTHLY FOR ONE YEAR

_____ \$50.00 MONTHLY FOR ONE YEAR

_____ \$100.00 MONTHLY FOR ONE YEAR

_____ \$200.00 MONTHLY FOR ONE YEAR

_____ MY CHECK IS ATTACHED, MADE PAYABLE TO REIGNING GRACE RANCH

_____ Please charge \$ _____ to my: American Express Discover MasterCard Visa

Card # _____ Exp. Date _____ CCV # _____

Name as it appears on card: _____

Billing address (if different from above): _____

Signature: _____ Date: _____

I/We authorize Reigning Grace Ranch to charge the above credit card for my pledge each month/year.

NAME (Please Print): _____

PHONE NUMBER: _____

Office Use Only
Received Date: _____

Entered in Raisers Edge: Y / N
Orientation Date: _____

Initials: _____



28614 N. 172nd St. Rio Verde, AZ 85263 ("premises", "property")

VISITATION, PARTICIPATION AGREEMENT (the "Agreement"):

READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. IT CONTAINS LEGAL CONSEQUENCES THAT WILL AFFECT YOUR LEGAL RIGHTS AND ELIMINATE YOUR ABILITY TO BRING FUTURE LEGAL ACTIONS.

RELEASED PARTIES INCLUDE: Reigning Grace Ranch, its agents, owners, officers, volunteers, participants, employees, landlords and property owners and all other persons or entities acting in any capacity on their behalf (collectively referred to as "Stable"). **RELEASING PARTIES INCLUDE:** The undersigned participant and minor(s) listed in the Agreement, participant's spouse, children, parents, guardians, heirs, next of kin, and any legal or personal representatives, executors, administrators, successors and assigns, or anyone else who might claim or sue on participant's behalf.

AGREEMENT:

IN CONSIDERATION OF STABLE'S SERVICES: I hereby agree to release and discharge Stable on behalf of myself, my heirs, assigns, personal representatives, my estate and any other person listed in this Agreement (cumulatively "participant", "I", "myself"), and as follows:

RELEASE OF LIABILITY, ASSUMPTION OF RISK, INSTRUCTION, JURISDICTION, VENUE:

(1) I understand that by my presence on Stable premises, I may engage in activities or utilize the premises in a way that may involve inherent risks that are beyond the control of Stable. Stable has taken precautions to provide a safe setting, but I understand that the possibility of injury, death, or loss to persons is present. Activities may include, but are not limited to, physical activity, walking/running, group games, sports, aquatic activities, general recreation, general use of grounds including its improvements, working on projects in a woodshop, baking, craft making, handling and petting dogs, chickens, goats, horses, pigs and cows. By signing below, I hereby give consent for the below mentioned participants to use the grounds and activities.

(2) I further agree that horseback riding and all equine activities are inherently dangerous activities and that these activities will expose me to significant risks, both known and unknown, which could result in physical or emotional injury, or damage to myself, to property, or to third parties. (3) I expressly agree and promise to accept and assume all the risks existing in Stable activities, both known and unknown, whether caused or alleged to be caused by the negligent acts or omissions of Stable. My participation in all Stable activities is purely voluntary and I elect to participate in spite of the risks. (4) I agree to acknowledge all of Stable's rules and regulations pertaining to any and all activities (equine or otherwise) occurring on or off of Stable's property. I agree to and I am responsible for wearing protective gear appropriate for said activities to ensure my safety while engaging in same. (5) I understand that protective gear includes, but is not limited to, protective headgear. I agree that Stable has fully warned and advised me that protective equine headgear that meets or exceeds the quality standards of the SEI certified ASTM standard F1163 equestrian helmet should be worn while riding, driving, training, or being near horses. I understand that wearing such protective headgear at these times may reduce the severity of some of the wearer's head injuries and possibly prevent the wearer's death. I am not relying on Stable to provide a certified equestrian helmet for me, to check any headgear or equestrian helmet that I may wear, to check any headgear strap or equestrian helmet strap that I may wear, or to monitor my compliance with this suggestion at any time now or in the future. (6) I understand the risks, conditions, and dangers inherent in all Stable activities, including equine activities. I agree to assume any and all risks involved in my use of or presence upon Stable's property and facilities while engaging in any activity without limitation. These risks include, but are not limited to, death, bodily injury, property damage, falls, kicks, bites, unavailability of emergency medical care, the ordinary negligence of another person, and the deliberate acts of another person. I understand that if a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to, stopping short, spinning around, changing direction or speed, shifting its weight, bucking, rearing, kicking, biting, or running from danger. The same is true for other animals upon the property. I acknowledge that these are just some of the risks and I agree to assume others not mentioned above. (7) I agree that Stable is not responsible for total or partial acts, occurrences, or elements of nature or unfamiliar sights, sounds or sudden movements that may scare an animal, including a horse, cause it to fall, or cause it to react in some other unsafe way. Some examples include: thunder, lightning, rain, wind; wild and domestic animals, insects, reptiles, which may walk, run or fly near, or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape. I also acknowledge that these are just some of the risks and I agree to assume others not mentioned above. I have inspected Stable's facilities and am satisfied that all premise conditions are reasonably safe for my intended purpose, usage and presence upon Stable's premises. (8) I agree to stay out of all barns, paddocks, corrals, tack-rooms, and all other non-office related buildings while waiting for horse related or other activities or while waiting for a participant of such activities. (9) I acknowledge that saddle girths (the fastener straps around a horse's belly) may loosen during riding. I must alert the instructor or attendant of any girth looseness, so action can be taken to avoid slippage of saddle and the potential for me to fall from the horse. (10) I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Stable from any and all claims, demands, or causes of action, which are in any way connected with my participation in these activities or my use of Stable's equipment or facilities, including any such claims which allege negligent acts or omissions by Stable. (11) I agree not to sue or initiate any legal action (whether in court or in arbitration) against Stable or any present or future owners, officers, members, managers, agents, employees and representatives of Stable, in connection with any claim which could have been or could be raised against any of them in any way connected with, arising out of, or relating to, personal injury or damage to the maximum extent permitted by law. (12) I certify that I have adequate insurance to cover any injury I may suffer while participating, or otherwise agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions, which could interfere with my safety in this activity, or am otherwise willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. (13) I understand that in this Agreement the terms "horse" and "equine" mean all equine species, including, but not limited to, horses, ponies, mules, and donkeys. (14) I understand that this Agreement is in addition to, and not in lieu of, Arizona State Statutes 12-553 (Actions Arising Out of Equine Activities).

MISCELLANEOUS: (15) I agree these releases are binding upon me, the minor(s) below for whom I am contracting, my heirs, executors, administrators, legal representatives, and successors. (16) Should Stable or anyone acting on its behalf be required to incur attorney's fees and costs to enforce this Agreement, I agree to indemnify and hold them harmless for all such fees and costs. (17) I agree that the validity and enforceability of this Agreement will be governed by the substantive law of Arizona without regard to its conflict of law rules. (18) If a provision of this Agreement is determined to be unenforceable in any respect, the enforceability of the provision in any other respect and of the remaining provisions of this Agreement will not be impaired. (19) I agree that any action, suit, or proceeding arising out of the subject matter of this Agreement will be litigated in courts located in Maricopa County, Arizona. I consent and submit to the jurisdiction of any local, state, or federal court located in Maricopa County, Arizona. (20) I agree that the releases herein are continuing in nature and that a new release shall not be required for each time I am on the premises.

**PARTICIPANT
INFORMATION:**

NAME:	(first)		(last)		(Phone#)		(Email)	
ADDRESS:				(City)			(State)	(Zip)
EMERGENCY:	(first)		(last)		(Phone#)		(Relationship)	
MEDICAL:	(Insurance Co.) (Policy #)				<input type="checkbox"/>	I <u>DO NOT</u> carry medical insurance.		
<input type="checkbox"/>	I <u>DO NOT</u> have a physical or mental condition that may affect my safety or ability to ride, drive, and/or train a horse.							
<input type="checkbox"/>	I <u>DO</u> have a physical or mental condition that may affect my safety or ability to ride, drive, and/or train a horse.							
. If "I DO," write down how Stable can address your special need?								

I am 18 years of age, or older. I had the opportunity to ask questions about this document before signing it. I read and understood all of it, and by my signature I agree to be bound by each and every one of the terms herein.

Printed Name:		Applicant Signature:		Date:	
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(Complete if you are here with a minor participant (i.e. less than 18 years of age))

PARENT/GUARDIAN WAIVER FOR MINOR PARTICIPANT(S):

I hereby represent that I am a parent or parent having sole custody, or legal guardian ("responsible party") of the following minor(s), whom I am able to and do contract for:

Print First/Last Name:		Print First/Last Name:	
Print First/Last Name:		Print First/Last Name:	

(Cumulatively the "minor(s)"/ "minor participant(s)").

List which, if any, minor(s) have a physical/mental condition affecting their safety or ability to ride/drive/train a horse:

Print First/Last Name:		Print First/Last Name:	
Print First/Last Name:		Print First/Last Name:	
If any, describe how Stable can address their special needs?			

If different from the above, list any addresses, emergency contact, and medical information (policy, etc.) for the minor(s): By my signature below, I am acting in my capacity as the responsible party for the aforementioned minor(s). I had the opportunity to ask questions about this document before signing it. I read and understood all of it, and by my signature I agree for myself and on behalf of the aforementioned minor(s) to be bound by each and every one of the terms in this Agreement. I will ensure the minor(s) act in accordance with this Agreement, and I am liable for their actions. I agree to save and hold harmless and indemnify each and all the parties previously referred to in this document, including without limitation Stable, from all liability, loss, cost, claim or damage whatsoever that may be imposed upon said parties because of any failure, or defect in or the lack of the minor('s/s') capacity, to act in accordance with this Agreement, and I release the Stable and said parties on behalf of the minor(s) and the minor('s/s') parents or legal guardian of said minor(s).

Signature of Parent or Guardian:		Print Name:		Date:	
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Photo/Video Release

I understand that I consent to and authorize the use and reproduction of any and all photographs and any other audiovisual materials taken of me, my son/daughter or ward, for promotional printed material, educational activities, social media and exhibitions or for any use for the benefit of Reigning Grace Ranch.

I Consent I Do Not Consent

Signature of Volunteer
(If volunteer is under the age of 18, Parent/Guardian must sign)

Date

Risk Management Statements

- ❖ I understand that I cannot smoke while on the property of Reigning Grace Ranch. Y N
- ❖ I understand Reigning Grace Ranch has designated business hours at which time staff are present on property. Y N
- ❖ I understand that I must wear an approved ASTM approved riding helmet to ride any horse. Y N
- ❖ I understand that horses are not to be fed anything by hand. Hand feeding encourages biting and nipping. Y N
- ❖ I understand that horses are unpredictable. They may kick, bite, and step on me. Y N

Signature of Volunteer
(If volunteer is under the age of 18, Parent/Guardian must sign)

Date

Confidentiality Statement

- ❖ Volunteers, riders and their families have a right to privacy that gives them control over the dissemination of their medical and/or other sensitive information. Reigning Grace 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
(If volunteer is under the age of 18, Parent/Guardian must sign)

Date



Authorization for Emergency Medical Treatment

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 agency, I authorize REIGNING GRACE RANCH to:

1. Secure and retain medical treatment and transportation if needed.
2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

Applicant Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____ Receive Text? Y / N

In the event that I cannot speak for myself, please contact the following individual(s) to make decisions on my behalf:

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

Physician's Name: _____ Phone: _____

Health Insurance Co.: _____ Insurance ID: _____

Preferred Medical Facility: _____

Allergies: _____

Current Medications: _____

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person listed below is unable to be reached.

Consent Signature: _____ Date: _____
(If volunteer is under the age of 18, Parent/Guardian must sign)

Emergency Contact Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Non-Consent Plan

I do not give my permission 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:

Non-Consent Signature: _____ Date: _____
(If volunteer is under the age of 18, Parent/Guardian must sign)

