

1231 E. Ardmore Road, Phoenix, AZ 85042 • [www.robinsonranch.org](http://www.robinsonranch.org) • 602-268-4972**VOLUNTEER APPLICATION**

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell #: \_\_\_\_\_ Cell provider: \_\_\_\_\_ 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 Ride-A-Thon and other 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) Thur (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 Robinson Ranch, you can choose from a great many jobs and committees. All of these are designed to help support our special needs 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 & 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.

**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.

**SPECIAL EVENTS:**

YES [ ]

Attend local equine events to promote Robinson Ranch, visit a nursing home or school with our Mobile Animal Therapy Team (MATT); spend time planning a ride-a-thon, dinner and auction or any other of amazing events!

**SIDEWALKER (In House training required):**

YES [ ]

Many of our riders may need assistance in maintaining their balance or in processing instructor directions. While students learn how to ride, side-walkers provide physical, emotional and verbal support while walking next to the horse.

**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 Robinson Ranch more aesthetically pleasing with your ideas and expertise.

**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

**BARN MAINTENANCE:**

YES [ ]

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

**HORSE LEADER (horse experience required):**

YES [ ]

Riders who need assistance in steering their horses during class need assistance from you! Come before class to groom, warm-up and tack horses and then lead them for our students.

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

\_\_\_\_\_

\_\_\_\_\_



## Volunteer Information

T-Shirt Size: S M L XL XXL XXXL IVXL

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 Robinson Ranch? \_\_\_\_\_

*This information is important for Robinson 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

**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 of \$10 to cover administrative and training costs.**

Yes [ ]

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

Robinson 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 a 6-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 Robinson 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 about 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 of \$10 to cover administrative and training costs.

You will also receive a volunteer decal with your donation.

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 \$ \_\_\_\_\_ 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 *ROBINSON RANCH THERAPEUTIC RIDING CENTER*

\_\_\_\_\_ 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 Robinson Ranch to charge the above credit card for my pledge each month/year.

NAME (Please Print): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_



## Liability Release

I understand that horses and farm animals are unpredictable and even the most docile animal can and may step on, bite, push off balance, stumble, throw, or otherwise injure any person working with or around it. I will exercise safety precautions for my own protection, and I agree to abide by the policies and procedures of Robinson Ranch, as such policies may be amended from time to time. I also agree to exercise proper care and conduct at all times while on or near any horse.

Neither Robinson Ranch, nor any of its officers, instructors, volunteers, participants, employees, agents or owners of the property where Robinson Ranch events are conducted shall be held liable for any claims, demands, injuries, or damages, arising out of or in connection with my participation in any Robinson Ranch event.

I further acknowledge that I will not hold Robinson Ranch, its officers, instructors, volunteers, participants, employees, partners, agents or owners of the property where Robinson Ranch events are conducted, liable or responsible for any injury sustained by me while participating in activities at sites where horse therapy classes and related events may be held. I ride and/or participate at my own risk, and agree to take all necessary precautions to prevent any and all accidents. These precautions include, but are not limited to, the wearing of protective headgear.

I hereby release Robinson Ranch, its officers, instructors, volunteers, participants, employees, partners, agents as well as the owner of the property, where lessons, horse shows or other Robinson Ranch events occur, from all liability for property damage and personal injury to me, and I assume the risk of injury which I may sustain arising from approaching, handling, or riding a horse in connection with Robinson Ranch activities.

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 I bring onto the property where Robinson Ranch events are conducted, including minors.

<p><b><i>VOLUNTEERS: I represent that I am physically able to undertake all reasonable volunteer activities and I participate in such activities at my own risk.</i></b>      <b>INITIALS: _____</b></p> <p><small><i>Warning: Under Arizona Law, an equine activity sponsor or equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to A. R. S. s 12-553.</i></small></p>
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I have read and understand all of the above and waive any claim which may arise against Robinson Ranch, its officers, instructors, volunteers, participants, employees, partners, agents 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 costs and attorneys' 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.

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

\_\_\_\_\_  
Date



### 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 Robinson 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 Robinson Ranch unless in designated area. Y N
- ❖ I understand Robinson 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. 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 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 ROBINSON 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 "life saving" 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)*

### **PLEASE RETURN APPLICATION VIA:**

**FAX: 775-244-8049 EMAIL: VOLUNTEER@ROBINSONRANCHAZ.ORG**

**REGULAR MAIL: 1231 E ARDMORE ROAD, PHOENIX, AZ 85042**



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.