



## Robinson Ranch

Equine Assisted Learning & Therapeutic Riding Center

*"Changing Lives One Ride at a Time"*

[www.RobinsonRanch.org](http://www.RobinsonRanch.org)

### Volunteer Application Form

*Dear Prospective Volunteer:*

Thank you for your interest in volunteer opportunities at Robinson Ranch. The mission of Robinson Ranch remains firm; to provide comprehensive educational programs for under-privileged, disabled & able-bodied children and adults, utilizing horses to facilitate growth, learning and healing. Pursuing this mission enriches the lives of our clients in a caring, safe, and challenging environment that will enable them to reach their full potential. Our population includes children & adults with disabilities, able-bodied children & adults, those who have been abused or neglected, and those who are economically compromised.

Next to our horses, our volunteers are the most critical element in the success of this program. We rely on volunteers in every aspect and could not exist without their support, dedication and abilities.

Attached are the necessary forms each volunteer **must** fill out and return before participating in any riding or training sessions at Robinson Ranch. Please note: We have a Child Abuse and Negligence policy. We cannot accept any applicant with a history of abusing or neglecting a child. In addition, we will not accept anyone with animal abuse or felony history. Background checks are **REQUIRED** for all volunteers (18 years and older) who will be working with children. You will receive the necessary documentation during volunteer orientation.

Sincerely,

Volunteer Program Director  
[volunteer@robinsonranch.org](mailto:volunteer@robinsonranch.org)

**Mailing Address:**

Robinson Ranch  
1231 E. Ardmore Road  
Phoenix, AZ 85042  
602-268-4972



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.

Office Use Only      Rcvd Date \_\_\_\_\_ Initials \_\_\_\_\_ Orientation Date \_\_\_\_\_

Contact List? Y / N Initials \_\_\_\_\_ Email List? Y / N Initials \_\_\_\_\_ Fingerprint Pd? Y / N Initials \_\_\_\_\_ Entered in Sales Force? Y / N Initials \_\_\_\_\_



## Robinson Ranch Volunteer Application Form

**Volunteer Name:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

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

**Place of Employment:** \_\_\_\_\_ **Type of work:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Home# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_** **Cell# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_** **Work# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_**

**In case of Emergency, Notify:** \_\_\_\_\_ **Phone#(\_\_\_\_)** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Parent's Home /Work phone numbers:** \_\_\_\_\_

### HOW DID YOU HEAR ABOUT ROBINSON RANCH?

**Agency:** \_\_\_\_\_ **Newspaper (name):** \_\_\_\_\_

**Other:** \_\_\_\_\_

(This information is important for Robinson Ranch to study the most effective means of reaching the public through the media)

### YOUR AVAILABILITY (list times below):

Monday:    AM \_\_\_\_\_ PM \_\_\_\_\_

Tuesday:    AM \_\_\_\_\_ PM \_\_\_\_\_

Wednesday: AM \_\_\_\_\_ PM \_\_\_\_\_

Thursday:    AM \_\_\_\_\_ PM \_\_\_\_\_

Friday:        AM \_\_\_\_\_ PM \_\_\_\_\_

Saturday:    AM \_\_\_\_\_ PM \_\_\_\_\_

Sunday:        AM \_\_\_\_\_ PM \_\_\_\_\_

Early Morning (Before 7am) or Special events?: \_\_\_\_\_

**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.**

# Robinson Ranch



## Volunteer Application Questionnaire

### *What are your areas of interest?*

**Volunteer Program Development and Support:** Our program revolves around great volunteers like you! Be on the team to help develop volunteer programs and assist with training, recognition and recruiting great people. You will be working directly with the community, schools, and local agencies to build our teams. YES \_\_\_\_\_

**Administration:** Would you like to help with duties like data entry, drafting correspondence, preparing meeting notes, answering phones, accounting and research? With Staff support, then this is the job for you! Hours range weekdays between 8 am - 1 pm and Saturdays between 7 am - Noon. YES \_\_\_\_\_

**Marketing:** Do you want to get creative? We need inspired people to help tell our story. Create story boards, shoot video, create newsletters, social media or upload info. to our website. Help us reach out to others and share our passion. YES \_\_\_\_\_

**Special Events & Fundraising:** Do you like meeting new people in the community? How does visiting Nursing Homes with our horses or spending time coordinating efforts with a rodeo, or planning a golf tournament sound to you? Special event planning is a big part of what we do. Join this team of outgoing individuals and spread our passion for our programs while raising money to keep kids in the saddle! YES \_\_\_\_\_

**Horse Care, Stall & Facility Upkeep:** No experience necessary. We will train you to complete basic horse care, feeding, stall cleaning, and turnout to help us maintain a clean facility. Get involved with these wonderful animals and make a difference. YES \_\_\_\_\_

**Facility Repairs & Projects:** Are you a handyman or green thumb type? We can always use help to maintain and improve the premises. Can you help us paint, repair, weed, plant or design to improve or further beautify our facilities? We need you! YES \_\_\_\_\_

**Volunteer Special Event Planner:** Are you a team leader who is detail-oriented? Lead a team to support our volunteers with their special events; i.e., hayrides, potlucks and volunteer appreciation days. We love our volunteers! YES \_\_\_\_\_

**Side Walker (in-house training required):** Would you like to assist our riders? Many of our riders 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.

**Horse Leader (Horse experience preferred. In-house training required):** Are you experience with horses? 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.

**Animal Care & Maintenance (in-house training required):** Would you like to help with individual care of our horses? Learn how to provide personal care and attention to our horses and other animals. Grooming, hoof care, minor vet care, assist barn manager with chiropractic care or getting the horses out for some “free time.”

*Volunteering is a tremendously self-rewarding adventure. At Robinson Ranch, you can choose from a great many jobs and committees. All of these jobs or committees are designed to help support our Special Needs Programs. Whatever your talents or interests, we can put them to good use at Robinson Ranch!*

I certify that the statements made in this volunteer application are true and correct 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.

**I understand that I will not be paid for my services as a volunteer.**

Applicants Printed Name: \_\_\_\_\_

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

Applicants Signature: \_\_\_\_\_

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

Legal Guardians Printed Name: \_\_\_\_\_

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

(if applicant if less than 18 years of age)

Legal Guardians Signature: \_\_\_\_\_

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

(if applicant if less than 18 years of age)

Witnesses: \_\_\_\_\_ (Robinson Ranch Staff)

***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 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.

***VOLUNTEERS: I represent that I am physically able to undertake all reasonable volunteer activities and I participate in such activities at my own risk. INITIALS: \_\_\_\_\_***

*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 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@ROBINSONRANCH.ORG  
**REGULAR MAIL:** 1231 E ARDMORE ROAD, PHOENIX, AZ 85042