



# 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 underprivileged, 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.

In addition 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, abilities, caring and a desire to give of themselves to make a difference in someone's life.

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 strict 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 at the Ranch and especially with children. You will receive the necessary documentation during volunteer orientation along with rules of the ranch to include a dress code. Should your prints return with a "hit", you will have the opportunity to review & challenge the accuracy of the results.

Sincerely,

Volunteer Director

[volunteer@robinsonranch.org](mailto:volunteer@robinsonranch.org)

**Mailing Address:**

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



Dear Applicant,

Thank you again for your interest and your desire to donate your valuable time to Robinson Ranch.

We value our Volunteers and recognize that we could not run the Ranch or any of our programs without their help.

#### BENEFITS OFFERED TO REGULAR VOLUNTEERS:

##### **Upon completion of 20 hours:**

- Our volunteers receive an official Robinson Ranch T-shirt (blue with white lettering)
- The opportunity to take advantage of a savings of 25% off our Saddle Club or Therapeutic classes as long as a regular weekly, bi-weekly or monthly schedule is being maintained.
- An open invitation to participate in special events, parades, rodeos and family camping trips at a greatly reduced rate.
- The annual Volunteer Appreciation Trail Ride & Breakfast that is usually held sometime between Thanksgiving and Christmas. This is offered to all volunteers and one guest (ask about rates).
- We host and encourage all of our volunteers and their families to participate in our potlucks, which are held quarterly. Ranch supplies the meat, bread and condiments.

Please feel free to suggest other events that we could offer.

Thanks for your support!

*“Volunteers are unpaid, NOT because they are worthless, BUT because they are priceless” -- anon*



Robinson Ranc  
authorized by t

Arizona Department o  
**PUBLIC SAFETY**  
to conduct...

## **ONSITE FINGERPRINT**

(Mandatory for anyone volunteering with

Arizona State Legislature 41-17.50 (3) states, we are  
“Collect information concerning criminal offenses tha  
evidence of prejudice based on race, color, religion,  
origin, sexual orientation, gender or disability

**\*What does this mean for me?** You will be fingerprinted ONSIT  
following orientation. **The fee is \$10** which covers the cost of r

Office Use Only: Rcvd Date \_\_\_\_\_ Initials \_\_\_\_\_ Orientation Date \_\_\_\_\_ Initials \_\_\_\_\_ Contact List? Y / N Initials \_\_\_\_\_ Entered in Sales Force? Y / N Initials \_\_\_\_\_

Identity Verified? Y / N Initials \_\_\_\_\_ Drivers License  Valid Passport  Fingerprint Pd? Y / N Initials \_\_\_\_\_ Level One Card? Y / N Initials \_\_\_\_\_ Minor? Y/N \_\_\_\_\_



## 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: \_\_\_\_\_  
Ph#(\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

If minor, Parent's Name: \_\_\_\_\_

If minor, Parent's Home /Work phone numbers: \_\_\_\_\_

### HOW DID YOU HEAR ABOUT ROBINSON RANCH?

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

Volunteer Match: \_\_\_\_\_ 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?: \_\_\_\_\_

Internal Use Only

### Scheduled Volunteer Shift & Notes

**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, recognizing and recruiting great people. You will be working directly with the individuals, community, schools, and local agencies to build great volunteer teams. YES \_\_\_\_\_

**Administration:** Would you like to help with duties like data entry, drafting correspondence, preparing meeting notes, answering phones, accounting and research along with Staff support? Then this could be 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, keep our social media fresh 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. If you can 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 \_\_\_\_\_

**Animal Care & Maintenance (in-house training required):** Would you like to help with individual care of our horses and other animals? Learn how to provide personal care and attention to our horses and small animals. Grooming, hoof care, minor vet care, assist barn manager with chiropractic care or getting the horses out for some "free time." Some animal experience preferred but not required. YES \_\_\_\_\_

**Our core concern and purpose is to serve those with special needs. Many volunteers are essential to this part of the operation. If you have a desire to help those in need, then please consider these opportunities.**

**Side Walker (in-house training required):** Would you like to assist our riders? Many of our riders need our assistance in maintaining their balance or in processing instructor directions. While students learn how to ride, side walkers provide necessary physical, emotional and verbal support while walking next to the horse and supporting the rider. YES \_\_\_\_\_

**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! Horse Leaders arrive just before class to groom, tack-up, warm-up horses in preparation to leading and directing the them for our students. An understanding of body position and control of the horse is required in this role. YES \_\_\_\_\_

*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) Date: \_\_\_\_\_

***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:** Youth: XS S M L XL Adult: S M L XL 2XL 3XL 4XL 5XL

**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

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

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Have you had an immunization against Tetanus in the past 10 years? If yes, when? _____	Yes [ ]	No [ ]
Have you had CPR/First Aid Training? If yes, when? _____	Yes [ ]	No [ ]
Would you be interested in taking a special group class for First Aid / CPR?	Yes [ ]	No [ ]
Do you speak a language other than English? If YES, which language(s)?	Yes [ ]	No [ ]
Do you know American Sign Language?	Yes [ ]	No [ ]
Have you worked with people with disabilities before? If yes, please explain:	Yes [ ]	No [ ]

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### **Time Commitment**

Robinson Ranch is a volunteer dependent non-profit organization. <i>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?</i>	Yes [ ]	No [ ]
Can you commit to helping for at least a 6-week period?	Yes [ ]	No [ ]
How many hours can you commit to per week mid-September through May? <b>(Circle One):</b> [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 [ ]	No [ ]
If you answered YES to the above, and you were called for an emergency substitution, how quickly could you get to Robinson Ranch? _____		

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### **Physical Commitment**

Can you walk briskly for 30 minutes beside a horse?	Yes [ ]	No [ ]
Are you comfortable jogging beside a horse for a short distance?	Yes [ ]	No [ ]
Given a chance to change sides, can you hold one of your arms above your shoulder and support modest weight?	Yes [ ]	No [ ]
Do you have any physical limitations or medical conditions about which we should know?	Yes [ ]	No [ ]

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### Donation Information

***All our volunteers 'donate' on an annual basis by giving their time. However, if you feel so inclined, we ask all first time volunteers to make a monetary donation of \$10 to cover administrative and training costs.***

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 program or 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, contractors, participants, employees, partners, agents as well as the owner of the property, where lessons, horse shows or other Robinson Ranch programs or 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 program or event is being held, or any person or equipment affiliated with said program or 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 programs or 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 programs or events are conducted.

This agreement is effective upon signing and continues so long as I participate in Robinson Ranch programs and 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 / Publication**

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. 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. Minor volunteers must wear helmet while on shift. **NOTE: Volunteers ages 15 and under MUST wear a helmet while on shift.** 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

**Dress Code**

I understand that Robinson Ranch adheres to a **STRICT** dress code. **Not Allowed:** Shorts (any length), capris, halter tops, spaghetti strap tops, long (dangling) jewelry, midriff shirts, sandals or open toed shoes. **Allowed:** Long pants or slacks, closed toed sturdy shoes, t-shirts or long sleeve shirts (appropriate to weather conditions), hats.

I Consent  I Do Not Consent



## 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**