



ROCK RANCH

Est. 2016

Rock Ranch Volunteer Application

Date: _____

Applicant Information

Full Name: _____
Last First M.I.

Age: _____ Date of Birth: _____

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Email: _____

If under 18 - Parents/Legal Guardian Names: _____

Contact Numbers: _____

If over 18 - Emergency Contact Name: _____

Emergency Contact Number: _____

Employer/School: _____

How did you learn about Rock Ranch? _____

Do you have horse experience? Please explain.

**Photos may be taken during activities at Rock Ranch. May we use your/your child's photograph in our social media, printed materials, presentations, and other promotional publications? ____ Yes ____ No

Check Areas in which you are interested in volunteering:

Programming

- ☐ Horse Handling
- ☐ Sidewalking with Riders
- ☐ Stable Management
- ☐ Facility Repairs

Special Events

- ☐ Senior Saddles
- ☐ Girl Scout Groups
- ☐ Class Field Trips
- ☐ Fundraising

Administration

- ☐ Public Relations
- ☐ Grant Writing
- ☐ Photos/Video
- ☐ Volunteer Recruitment

Please list days and times of the day that you are available to volunteer:

Do you have any current or past medical issues that may interfere with volunteering? If yes, please explain:

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, please explain: _____

I, _____ (volunteer/staff) authorize Rock Ranch to receive information from any law enforcement agency, including police and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to, convictions for crimes committed upon children or animals. I understand that such access is for the purpose of considering my application as a volunteer/employee and I expressly DO NOT authorize Rock Ranch, its directors, officers, employees or other volunteers to disseminate this information in any way to other individual, group, agency, organization or corporation.

Signature: _____ Date: _____

Required if volunteer is under 18 years of age:

*Required witness signature: _____ Date: _____

*Printed witnesses name: _____

Witness must be a non-family member over 18 years of age.

Education

High School: _____

College: _____

Did you graduate? ____ Yes ____ No Degree: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Health Summary

Health Information

1. List any illnesses or medical conditions or other personal health information which may affect your participation in Rock Ranch activities:

2. List medications you take on a regular basis, including inhalers:

3. List any allergies:

4. Physician's name/phone number:

5. Emergency contact people and numbers (list 3 please)

Emergency Medical Consent (check applicable area)

- ☐ In the event emergency medical aid/treatment is required due to illness or injury during the process of my participation at Rock Ranch, I authorize Rock Ranch to:
 1. Secure and retain medical treatment and transportation if necessary.
 2. Release above medical information upon request to the authorized individuals providing emergency medical treatment.

This authorization includes, but is not limited to: x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the treating physician.

Signature _____ Date _____

- ☐ I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of my participation at Rock Ranch. In the event emergency aid/treatment is required, I wish the following procedures to take place:

Signature _____ Date _____

ROCK RANCH INC. OF HILLS, MN

PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

READ BEFORE SIGNING

Participant Name _____

In consideration of being allowed to participate in any way in the program, related events and activities (hereafter called the **Program**), I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant during all phases of the activity, including the potential for permanent paralysis, disability and death. **These risks include but are not limited to:** Equipment failure and/or malfunction of my own or other's equipment; my own negligence and/or the negligence of others; Attack or encounter with insects, reptiles and/or animals; Fatigue, chill and/or dizziness which may diminish my/our reaction time and increase the risk of accident; Outdoor activities include but are not limited to risks of exposure to elements, excessive heat, hypothermia, impact of the body upon the water, injection of water into my body orifices, exposure to animals with the risk of them kicking, biting, shying away, running off or otherwise moving in an unanticipated manner causing injury and/or death. **I agree to wear any necessary safety equipment provided to me and recognize that failure to do so increases the potential for severe injury or death and absolves the RELEASEES from liability whatsoever. (Participants/riders under the age of 16 years old must wear safety helmets)**

2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation in the Program.

3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from the participation and bring such to the attention of the nearest official immediately.

4. I recognize that it may be necessary for the (Releasees) to refuse or terminate my participation if I am judged to be incapable of meeting the rigors or requirements of the Program. I accept the (Releasees) right to take such actions for the safety of myself and/or other participants. I will not engage in any activity beyond my capabilities and will not cause any third party to be endangered by any of my actions during the program.

I warrant and represent that I am in good health and have no physical or mental limitations or problems that would affect my safe participation or the safety of others in the program and have not been advised otherwise by a qualified medical person.

5. By participating in or attending any activity in connection with this program, whether on or off the premises, I consent to the use of any photographs, pictures, film or videotape taken of me or provided by me for publicity, promotion, television, websites or any other use, and expressly wave any right of privacy, compensation, copyright or other ownership right connected to same.

6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE ROCK RANCH INC. OF HILLS, MN**, it's officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, permit grantors, independent contractors, sub-contractors and, if applicable, owners and lessors of premises used to conduct the **Program (RELEASEES)**, from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
Participant's Name Age Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liability incidents to my minor child's involved or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X _____
Parent/Guardian Signature Date Emergency phone number

IT IS RECOMMENDED THAT ALL VOLUNTEERS WEAR A PROTECTIVE HELMET. IT IS MY UNDERSTANDING THAT A PROTECTIVE HELMET IS AVAILABLE AND HAS BEEN OFFERED FOR MY OWN OR MY CHILD'S SAFETY.

_____ **My child must wear a helmet when riding**

_____ **My child has my permission to not wear a helmet when riding**

(Parent Signature)

_____ **I decline to wear a helmet when riding (adult volunteer)**

(Adult Volunteer Signature)

A.C.E. of SW Minnesota
Rock Co. Office
105 S. Estey St., Suite 2
Luverne MN 56156
PH: 507-283-5064
ace.rock@co.rock.mn.us



Volunteer Enrollment Form

- ☐ RSVP (age 55+)
☐ Clearinghouse

Volunteer Printed Name: _____ Birth Date: _____

Volunteer Signature: _____ Today's Date: _____

Address: _____ ☐ Male ☐ Female

City: _____ State: _____ Zip Code: _____ County: _____

Phone: _____ Email: _____

Preferred method of communication: ☐ Phone ☐ Email ☐ Text

_____ (Initial here) - I am a US Citizen, National, or lawful permanent resident alien.

_____ (Initial here) - I authorize A.C.E. of SW MN's Volunteer Stations to conduct a background check on me if necessary, and I understand the results may preclude me from some volunteer opportunities.

Ethnicity: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino
☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other

Are you a Veteran? ☐ Yes ☐ No Skills/Hobbies/Interests: _____

Language(s) Spoken: _____ Current or Former Occupation: _____

Do you volunteer now? ☐ Yes ☐ No If yes, where? _____

If no, where might you like to volunteer? _____

(Please note current Volunteer Opportunities listed on the back of this page and select any you are interested in!)

List any physical or medical limitations you have: _____

Do you give A.C.E. of SW Minnesota permission to use your photo in publicity? ☐ Yes ☐ No

Emergency Contact: _____ Phone: _____ Relationship: _____

FREE Insurance Benefits for A.C.E./RSVP Volunteers - A.C.E. of SW Minnesota provides the following insurance coverages free of charge to all its registered Volunteers: Excess Accident Medical & Dental, Accidental Death and Dismemberment, Excess Volunteer Liability, and Excess Automobile Liability.

To accept this FREE coverage, please answer the following:

Do you have auto insurance? ☐ Yes ☐ No Auto Insurance Co. Name: _____

Accidental D&D coverage - Beneficiary Name _____ Relationship: _____

*** Please review volunteer opportunities on the back side! ***

For office use only:

A.C.E. Program Manager Signature: _____ Date: _____

A.C.E. Executive Director Signature: _____ Date: _____

Program Manager Copied: _____ Entered into VR: _____ Letter Sent: _____