

# Runnin WJ Ranch

Therapeutic Riding Center  
Texarkana, Texas

## Volunteer Application 2021-2022

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: (please print clearly) \_\_\_\_\_

Preferred method of contact: Phone: \_\_\_\_ Text: \_\_\_\_ Email: \_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Height: \_\_\_\_ T-shirt Size: \_\_\_\_\_

Employer/School: \_\_\_\_\_ US Military: Yes \_\_\_\_ No \_\_\_\_

Church (if attending): \_\_\_\_\_

Returning Volunteer: Yes \_\_\_\_ No \_\_\_\_ If yes, how many years: \_\_\_\_\_

**Day(s) and shift(s) you will be available to volunteer: (circle all that apply)**

Monday	Tuesday	Wednesday	Thursday	Friday	
*Morning	*Morning	*Morning	*Morning	*Morning	
9am	9am	9am	9am	9am	
10am	10am	10am	10am	10am	
11am	11am	11am	11am	11am	

**(The above schedule is only for those individuals who wish to work directly with our riders)**

*\*Schedules may vary slightly.*

I would like to be considered for: Horse Leader \_\_\_\_\_ (Good horse experience **required**)  
 Side walker \_\_\_\_\_ (No horse experience required)

**Anyone working around our horses or with our riders must attend a volunteer training session**

**Substitute List:** If you cannot commit to at least one hour each week, then you may choose to be called to fill in for a volunteer only if they are unable to make their scheduled time. **Sub List:** Yes \_\_\_\_ No \_\_\_\_

**Other volunteer opportunities:**

- Office Work/Mailouts \_\_\_\_\_
- Events/Fundraisers \_\_\_\_\_
- Building/Painting Projects \_\_\_\_\_
- Fish Aquarium Maintenance \_\_\_\_\_
- Facility & Ground Maintenance \_\_\_\_\_
- Facility Cleaning/Organizing \_\_\_\_\_

**(Circle all that apply)**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon

**Do you have experience working with children or adults with disabilities?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, please explain:**

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**Do you have experience working with horses?** \_\_\_\_\_ Yes \_\_\_\_\_ No **If yes please explain:**

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**How did you hear about us?** Website \_\_\_\_\_ Facebook \_\_\_\_\_ Twitter \_\_\_\_\_ Radio \_\_\_\_\_ Magazine \_\_\_\_\_  
Fundraiser \_\_\_\_\_ Word of Mouth \_\_\_\_\_ Other \_\_\_\_\_

**Please give a brief statement as to why you would like to volunteer with Runnin WJ Ranch:**

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## **Liability Statement**

No person can be accepted for volunteer service until the participant has completed this form. If the participant is less than eighteen (18) years of age the parent or guardian must complete this form. Services will be under trained supervision and although every effort will be made to avoid any accident, **NO LIABILITY** can be accepted by any of the organizations concerned, including Runnin' WJ Ranch.

**YES**, I would like to participate or have my son/daughter participate as a volunteer. I understand that **NO LIABILITY** can be accepted by any organization concerned with this service, including Runnin' WJ Ranch in the event of any accident, which might occur.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If participant is less than 18yrs of age)

**WARNING:** UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.

## **Emergency Medical Information & Treatment**

Name of Participant: \_\_\_\_\_

Preferred Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy/Group No: \_\_\_\_\_

**Describe any medical conditions requiring special precautions or treatment:  
(Example: Diabetic, Severe Allergies, Asthma)**

\_\_\_\_\_  
\_\_\_\_\_

**Continued...**

In the event emergency medical aid or treatment is required due to illness or injury on the property of this agency, I authorize Runnin WJ Ranch to:

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

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person listed below cannot be reached.

I **Do** give Consent: \_\_\_\_\_ Date: \_\_\_\_\_

I **Do Not** give Consent: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant signature or Parent signature if Participant is less than 18 yrs of age)

In Case of Emergency, contact: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone: \_\_\_\_\_

## **Background Information**

Have you ever been arrested or convicted of a crime? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain the nature of the crime in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently on probation Yes \_\_\_\_ No \_\_\_\_

Are you volunteering to receive Community Service hours: Yes \_\_\_\_ No \_\_\_\_

If Yes, are these hours court ordered? Yes \_\_\_\_ No \_\_\_\_

Current Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

I currently do not have a Driver's License: (check) \_\_\_\_\_

**Continued...**

I, **(name)** \_\_\_\_\_, authorize Runnin WJ Ranch to receive information from any law enforcement agency, including the police department and sheriff's department, of this 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.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly **DO NOT** authorize the Runnin WJ Ranch, it's directors, officers, employees, or other volunteers to share this information in any way to other individual, group, agency, organization, or corporation.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If participant is less than 18yrs of age)

## **Confidentiality Agreement**

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of the Runnin WJ Ranch Therapeutic Riding Center and not discuss or disclose any sensitive information about any person or their family.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If participant is less than 18yrs of age)

# **Social Marketing Policy**

In the area of social media (print, broadcasting, digital and online), the following guidelines apply in the use of social media for our volunteers:

1. Should you decide to create a personal blogs or website, be sure to provide a clear disclaimer that the views expressed in the blogs are the author's alone and do not represent the views of Runnin WJ Ranch.
2. All information published on any volunteer blogs should comply with Runnin WJ Ranch confidentiality policy. This also applies to comments posted on other social networking sites, blogs and forums.
3. Your online presence can reflect on Runnin WJ Ranch. Be aware that your comments, posts or actions captured via digital or film images can affect the image of Runnin WJ Ranch.
4. Do not use any Runnin WJ Ranch logos or trademarks without written consent.

I hereby confirm that I have read and understand the Social Marketing Policy of Runnin WJ Ranch.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If participant is less than 18yrs of age)

## **Photo Release**

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to Runnin WJ Ranch permission to take or have taken still and moving photographs and films, including television pictures, and consents and authorizes Runnin WJ Ranch and its work, to use and reproduce the photographs, films or pictures, and to circulate and publicize the same by all means, including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books, and clinical materials.

With respect to the foregoing matters, no inducements or promises have been made to secure this signature to release other than the intention of Runnin WJ Ranch to use or cause to be used such photographs, films, and pictures for the primary purpose of promoting Runnin WJ Ranch to its work.

I **Do** give Consent: \_\_\_\_\_ **Date:** \_\_\_\_\_

I **Do Not** give Consent: \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Participant Signature or Parent Signature if participant is under 18yrs of age)

**We sincerely thank you for your decision to give your time to our organization and pray that you will be blessed by your service to others.**

*"This is my commandment, that you love one another as I have loved you."*

*John 15:12*



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