



**RUNNIN' WJ RANCH**  
4802 S. KINGS HWY  
TEXARKANA, TX 75501  
P: 903-838-3223  
F: 903-838-3366

**2025-2026**

# VOLUNTEER APPLICATION

## VOLUNTEER INFORMATION

Name (First & Last) :

Address:  Street  City  State  Zip

Best Contact Phone :  ☐ Cell ☐ Home ☐ Work **Text** ☐ Yes ☐ No

Alternate Phone :  ☐ Cell ☐ Home ☐ Work **Text** ☐ Yes ☐ No

Email Address (PRINT CLEARLY):

Date of Birth :  /  /  Age  Height  T-Shirt Size

Employer/Organization/ School :

Returning Volunteer : ☐ Yes ☐ No **Military Service** ☐ Yes ☐ No Branch:

## EMERGENCY MEDICAL INFORMATION & TREATMENT

Emergency Contact Person  Phone #:

Relationship to Volunteer:

Preferred Physician:  Phone #:

Preferred Medical Facility:

Insurance Company:  Policy/Group #:

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

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 transport if needed.
2. Release my records upon request to the authorized 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 above cannot be reached.

I **GIVE** CONSENT:  **DATE:**

SIGNATURE OF PARTICIPANT IF OVER 18, PARENT OR LEGAL GUARDIAN

I **DO NOT GIVE** CONSENT  **DATE:**

SIGNATURE OF PARTICIPANT IF OVER 18, PARENT OR LEGAL GUARDIAN



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# VOLUNTEER APPLICATION CONTINUED

## SCHEDULE AVAILABILITY

**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

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

**\*Monday and Friday could change so please be flexible\***

**I would like to be considered for:** Horse Leader ☐ Good horse experience **required \***

Side Walker ☐ No horse experience \*

**\*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 weekly volunteer only if they are unable to make their scheduled time.**

**Sub List** ☐ Yes ☐ No

## OTHER VOLUNTEER OPPORUNTIES (WHEN AVAILABLE)

Mailouts ☐ Facility & Ground Maintenance ☐  
Events/Fundraisers ☐ Fish Tank Maintenance ☐  
Building/Painting Projects ☐

**Circle all times that apply below**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday (Events & Groups)
Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon



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## EXPERIENCE

Do you have experience working with children or adults with disabilities? ☐ Yes ☐ No

If yes please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have experience working with horses? ☐ Yes ☐ No

If yes please explain: \_\_\_\_\_

\_\_\_\_\_

How did you hear about us?

<input type="checkbox"/> Website	<input type="checkbox"/> Radio	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Facebook	<input type="checkbox"/> Magazine	<input type="checkbox"/> Other
<input type="checkbox"/> Twitter	<input type="checkbox"/> Fundraiser	

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## BACKGROUND CHECK INFORMATION

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

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

\_\_\_\_\_

Are you currently on probation? ☐ Yes ☐ No

Is the Charge a ☐ Misdemeanor ☐ Felony

Are you volunteering to receive community service hours ☐ Yes ☐ No

If yes, are these hours court ordered? ☐ Yes ☐ No

How many hours? \_\_\_\_\_

Current Driver's License # & State \_\_\_\_\_

☐ I currently do not have a driver's license



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# VOLUNTEER APPLICATION CONTINUED

**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.**

## 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, social media, 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 **GIVE** CONSENT: \_\_\_\_\_ **DATE:** \_\_\_\_\_  
SIGNATURE OF PARTICIPANT IF OVER 18, PARENT OR LEGAL GUARDIAN

I **DO NOT GIVE** CONSENT: \_\_\_\_\_ **DATE:** \_\_\_\_\_  
SIGNATURE OF PARTICIPANT IF OVER 18, PARENT OR LEGAL GUARDIAN

## LIABILITY RELEASE

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.

**PLEASE SIGN HERE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
SIGNATURE OF PARTICIPANT IF OVER 18, PARENT OR LEGAL GUARDIAN

## 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. This includes posting to social media, taking photos for personal use of staff, volunteers, riders, or horses.

**PLEASE SIGN HERE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
SIGNATURE OF PARTICIPANT IF OVER 18, PARENT OR LEGAL GUARDIAN



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## **VOLUNTEER APPLICATION CONTINUED**

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**

**Runnin' WJ Ranch**  
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**Email: [narda@runninwj ranch.org](mailto:narda@runninwj ranch.org)**  
**Phone: 903-838-3223 Cell Phone: 903-277-8430**  
**Fax: 903-838-3366**  
**Website: [www.runninwj ranch.com](http://www.runninwj ranch.com)**