

Volunteer Information Form



General Information:

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Employer/School: _____

Work Address (City): _____

E-mail address: _____

Phone Primary: _____ Secondary: _____

Which is the best way to contact you: ☎ phone call, text, or ✉ email (please circle one)

Date of Birth: _____

Please describe your **current health status**, particularly regarding the physical/emotional demands of working in an equine-assisted program. Address fitness, cardiac, respiratory, **ALLERGIES**, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes:

Have you volunteered with Majestic Hills Ranch before? Yes No If yes, what year? _____

Do you have any experience working with horses? Yes No If yes, please describe: _____

Do you speak another language? ASL (American Sign Language) Spanish Other: _____

Are you trained in **CPR**? Yes No **First Aid**? Yes No

Check which areas you are interested in:

- Program:
- Horse Handling
 - Sidewalking with a Rider
 - Barn Aide
 - Facility Repairs / Projects
 - Photography/Video
 - Tack / Horse Cleaning & Care *(no riding)*

- Administration:
- Volunteer Recruitment
 - Volunteer Coordination
 - Fundraising / Special Events
 - Public Relations
 - Newsletter (writing articles)
 - Board / Committee Member

Photo / Video Release

I consent to and authorize the use and reproduction by Majestic Hills Ranch of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

I do NOT consent or authorize use of my likeness by MHR.

Signature: _____
(volunteer/staff)

Date: _____

Signature of Guardian/Parent (if volunteer/staff is under 18 years old)

Signature: _____
(Guardian/Parent)

Date: _____

Background Information

Majestic Hills Ranch insists all volunteers to have a background check completed through Sterling Volunteers before working with our riders. It is a simple online process, you won't need to enter a social security number (MHR will never see your number if entered), and it is free to our volunteers (though you can pay for it yourself, and it is considered a donation to MHR.) Just go to the website below and complete the simple 4 step process, it is quick and easy. Parents will have to complete this for volunteers under the age of 18.

<https://app.verifiedvolunteers.com/promoorder/70690c02-81ce-4fc5-83c4-0ee56e26f613>

You can also go to our MHR website and click on the link to go directly to the Sterling Volunteers site to create an account related to our program.

If you don't have access to a computer, need the forms in Spanish, need a form for a minor, or would prefer to fill out the forms manually, please contact Kris Zieska at KZieska@MajesticHillsRanch.com and I will get them sent out to you.

Please note, Majestic Hills Ranch will run the basic volunteer background on everyone before they work with our riders. If you don't do this on your own, we will do it for you.

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: _____
(volunteer/staff)

Date: _____

Signature of Guardian/Parent (if volunteer/staff is under 18 years old)

Signature: _____
(Guardian/Parent)

Date: _____

VOLUNTEER LIABILITY RELEASE & CONFIDENTIALITY FORM



This form must be completed by and for each volunteer:

PREMISES OWNER'S NAME IS MAJESTIC HILLS RANCH FOUNDATION hereinafter known as MAJESTIC HILLS RANCH with a PHYSICAL LOCATION / ADDRESS of: 24580 DAKOTA AVENUE, LAKEVILLE, MN 55044; SCOTT COUNTY, MINNESOTA

PLEASE READ CAREFULLY BEFORE SIGNING

SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY. MAJESTIC HILLS RANCH DOES NOT GUARANTEE YOUR SAFETY OR THAT OF ANY GUEST. IT IS HEREBY AGREED TO AS FOLLOWS THAT:

A. APPLICATION OF VOLUNTEER AND AGREEMENT PURPOSE I, the following individual hereinafter known as the "VOLUNTEER", and the parents or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in working with horses and riders with special needs on premises of MAJESTIC HILLS RANCH:

VOLUNTEER NAME: _____

B. AGREEMENT SCOPE AND DEFINITIONS – This agreement shall be legally binding upon me the registered VOLUNTEER, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of Scott County, Minnesota. Any disputes by the VOLUNTEER shall be litigated in and venue shall be Scott County, Minnesota.

The term "HORSE" herein shall refer to all equine species. The term "HORSE HANDLING" or "LEADING" herein shall refer to riding or otherwise handling of horses, ponies, mules, or donkeys, whether from the ground or mounted. The term "VOLUNTEER" shall herein refer to a person who works with a horse mounted or otherwise handles or comes near a horse on the ground.

The terms "I", "me", "my" shall herein refer to the above registered VOLUNTEER and the parents or legal guardians thereof if a minor.

C. NATURE OF WORKING WITH / LEADING / RIDING HORSES – No horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a Rider falls from a horse to ground it will generally be at a distance of from 3½ to 5½ feet, and the impact may result in injury to the Rider. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: stopping short, changing directions or speed at will; shifting its weight; bucking; rearing; kicking; biting; or running from danger.

D. VOLUNTEER RESPONSIBILITY – Upon entering the premises, the VOLUNTEER with prior horse experience is responsible for assisting with the horses in class; going into the herd to bring them in; haltering and tying them safely; grooming them; tacking them; leading them in class; and assisting in general horse care. VOLUNTEERS without horse experience or those working with Riders will assist the Riders in selecting a proper fitting helmet; adjust straps as needed; assist with mounting the Rider; walk along side of the Rider / Horse team to assist with tasks; keep the Rider safely on the back of their Horse; help Instructors dismount Riders; and other general tasks.

E. CONDITIONS OF NATURE – MAJESTIC HILLS RANCH is NOT responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: thunder, lightning, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, fly near, bite and/or sting a horse or person; and irregular footing on out-of-door

groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.

F. LIABILITY RELEASE – In consideration of MAJESTIC HILLS RANCH allowing my participation in this activity, under the terms set forth herein, I, the VOLUNTEER, and the parent or guardian thereof if a minor, do agree to hold harmless and release MAJESTIC HILLS RANCH, its owners, agents, employees, officers, members, premises owners, insurers, and affiliated organizations from legal liability due to MAJESTIC HILLS RANCH ordinary negligence; and I do further agree *that except in the event of gross negligence and willful and wanton misconduct*, I shall not bring any claims, demand, legal actions and causes of action, against MAJESTIC HILLS RANCH and/or its associates, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of MAJESTIC HILLS RANCH, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of MAJESTIC HILLS RANCH.

All VOLUNTEERS and Parents or Legal Guardians must sign below after reading this entire document:

SIGNER STATEMENT OF AWARENESS

I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT ARE TRUE AND ACCURATE.

_____ & Birthdate (if under 21): _____
PRINT VOLUNTEER NAME

Signature: _____ Date: _____
(volunteer/staff)

Signature of Guardian/Parent (if volunteer/staff is under 18 years old)

Signature: _____ Date: _____
(Guardian/Parent)

Confidentiality Agreement

Majestic Hills Ranch shall maintain the right to privacy and the right of confidentiality of all individuals (participants, volunteers, and staff) involved in its programs and services. Participants, instructors, volunteers, and staff given access to any information on any individual participating in any program or service at Majestic Hills Ranch agree to keep all medical, personal, social, or other information strictly confidential. Any person violating the terms of this Confidentiality Agreement may be immediately reassigned or terminated from participation in the program.

I have read, understand, and agree to abide by this Confidentiality Agreement.

Signature: _____ Date: _____
(volunteer/staff)

Signature of Guardian/Parent (if volunteer/staff is under 18 years old)

Signature: _____ Date: _____
(Guardian/Parent)

Emergency Medical Treatment Form



Participant Staff Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Physician's Name: _____

Preferred Medical Facility (if any): _____

Health Insurance Company (if known): _____

Allergies: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan

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 Majestic Hills Ranch to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in 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(s) above is unable to be reached.

Signature: _____ Date: _____
(volunteer/staff)

Signature of Guardian/Parent (if volunteer/staff is under 18 years old)

Signature: _____ Date: _____
(Guardian/Parent)

Health Notes:

When complete either mail, e-mail, or fax the forms to:

Larry Johnson, Majestic Hills Ranch
7850 Metro Parkway, Suite 100
Bloomington, MN 55425

Email: LJohnson@MajesticHillsRanch.com

Fax: 952-595-5193

2023 Riding Schedule Request

Every rider will have an experienced lead and up to two sidewalkers to start until their riding level and expertise warrants otherwise. This will be determined by the instructor. To develop a relationship with the rider, leaders and sidewalkers will be as a team as consistently as scheduling allows:

Class Time	Tuesday	Wednesday	Thursday
11:00AM-1:00PM			
2:00PM-4:00PM			
5:00PM-7:00PM			

Tentative Times for 2023:

- Tuesdays: 11:00AM-1:00PM – MN State Veterans Adult Day Center (once CDL License is in Place for Therapist)
- Tuesdays: 2:00PM-4:00PM – Minneapolis Veterans Home
- Wednesdays: 5:15PM-7:15PM – Veteran Outpatients (to be determined)
- Thursdays: 2:00PM-4:00PM – Hastings Veterans Home
- Thursdays: 5:00PM-7:00PM – VA Medical Center – Poly Trauma Unit, Minneapolis (if they Decide to join us with COVID Variant still prevalent.)

Are you able to substitute for other days / nights?

If so, please mark down those days with an "S." We will be texting for substitutes if we fall short of volunteers.

How did you hear about Majestic Hills Ranch? _____

Important Information: It is very important that once you register to volunteer with our Equine Assisted Services you fulfill your commitment to arrive each week for classes. Please contact Larry at 612-669-8846 the day before you are scheduled to help if you are to be out so we can arrange substitutes. If you are ill, please call at least 2 hours before classes begin for the same reason. Our participants are counting on your help so they can experience a fun and safe ride, if we do not have enough volunteers, we may have to cancel classes. Thank you so much for being considerate and for communicating appropriately, it is so greatly appreciated by all!