

PRAYING HANDS RANCH

VOLUNTEER SIGN UP SHEET

NAME _____ Email _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Ph #'s: Home _____ Work _____

Birth Date _____ Age if under 21 _____

Do you expect **credit for school** for the work; number of hours needed? _____

Are you here for **COMMUNITY SERVICE**; number of hours needed? _____

Heard about Praying Hands Ranch/Referred by _____

In Case of Medical Emergency, I authorize Praying Hands Ranch Staff or authorized person to provide such medical assistance as they determine necessary. I authorize any licensed physician and/or medical facility to provide any medical or surgical care and/or hospitalization that they deem necessary.

Notify in Case of Emergency _____ **Ph:** _____

Name of Medical Insurance Company _____

Any Physical Limitations? _____ if so, specify _____

Can you walk for 60 minutes at a time? _____ Jog for short distances? _____

Do you have any experience with horses or ponies? _____

Have you had any riding experience? _____

Do you have any other skills or training which may be of benefit to the ranch?

Typing/office/computer _____ Fund Raising _____ Art/Posters _____

Drama/Puppets/Crafts _____ Phone work _____ Maintain Facility _____

Interested in **Horticultural Therapy**? _____ Do you have gardening experience? _____

CLASSES ARE HELD MONDAY THROUGH SATURDAY.

WHICH DAYS OF THE WEEK ARE YOU AVAILABLE AS A VOLUNTEER?

Your participation in these programs will make many handicapped adults and children very happy and your life will be touched with a feeling of having done something worthwhile and satisfying. If you have any questions please call the ranch at 303-841-4043, office hours are Mondays through Fridays 9:00 to 3:30.

WARNING

Under Colorado Law an Equine Professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities pursuant to Section 13-21-119, Colorado revised statutes. RELEASE: I hereby become a volunteer for Praying Hands Ranch Inc. at my own risk. I do hereby release Praying Hands Ranch Inc., its employees or agents from any claim, loss, injury, to myself. Nor will I make a claim against them.**

As a new volunteer, I have been given a copy of Praying Hands Ranch's (PHR), Rules, I have read them, I understand the rules and I will follow them. I am aware that if I break any of PHR's Rules, I will be terminated and no longer able to work as a volunteer at Praying Hands Ranch. _____*

Volunteer Signature (18 years & over) _____ Date _____

Volunteer Signature (if under 18 yrs of age) _____ Date _____

Witness _____ Date _____

Parent/Guardian Signature (required if under 18) _____ Date _____

FORM MUST BE WITNESSED BY SOMEONE OTHER THAN A FAMILY MEMBER OR A PHR STAFF MEMBER