



5264 Shore Meadow Road, Freeland, WA 98249
Phone: 360-331-6019 - Fax: 425-968-9417 - info@m-bar-c.org

Volunteer Registration

General Information

Name: _____ Date: _____

Address: _____

Date of Birth: _____ E-Mail: _____

Phone (H): _____ (W): _____ (Cell): _____

Parent/Legal Guardian Name: _____

Address: _____

Phone: _____

How did you learn about the M-C Ranch? _____

Interests

Check which areas you are interested in:

- | <u>Program</u> | <u>Administration</u> | <u>Operations</u> |
|--|---|--|
| <input type="checkbox"/> Horse Handling | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Horse Care & Feeding |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Grounds Maintenance |
| <input type="checkbox"/> Costume Shop | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Building Maintenance |
| <input type="checkbox"/> Play Area Supervision | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Equipment Maintenance |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Clerical Support | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Arts & Crafts | | |

I acknowledge that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in the ranch activities.

Signature: _____ Date: _____



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Photo Release

I [DO] [DO NOT] consent to and authorize the use and reproduction by M-C Ranch of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the ranch.

Signature: _____ Date: _____
(volunteer/staff)

Background Information

Have you ever been charged with or convicted of a crime? Y N Please explain:

I, _____ authorize M-Bar-C Ranch to receive information from _____ law
(volunteer/staff)

enforcement agencies, including police departments 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 an employee/volunteer, and that I expressly DO NOT authorize the M-C Ranch, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____

Date of birth: _____ Drivers License #: _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at the M-C Ranch is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____ Date: _____



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VOLUNTEER RELEASE FOR EMERGENCY MEDICAL CARE

If emergency medical care is required for _____ as a result of activities at the M Bar C Ranch, the undersigned authorizes emergency medical personnel to provide medical care and consents to treatment by physicians and at medical facilities.

Volunteer Name _____ Date: _____

Parent/Guardian (if under 18): _____ Home Tel: _____

Address _____ Work Tel: _____

Alternate contact and phone# _____

Family Physician _____ Tel. _____

Hospital Preference _____

List current medications: _____

Allergies: _____

Date of birth _____ Other medical information: _____

Medical Insurance Company: _____ Policy # _____

Name of responsible person on medical insurance: _____

I give my consent for emergency medical treatment/aid in the case of illness or injury

_____ Date: _____

Signature of Volunteer, or Parent/Guardian if minor child

NON CONSENT PLAN (Please cross out the following section if you do not sign it.)

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of volunteering, receiving services or while being on the property. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Non Consent Signature: _____ Date: _____

Signature of Volunteer, or Parent/Guardian if minor child



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VOLUNTEER LIABILITY RELEASE

Name: _____ Date of Birth: _____
Address _____ City _____ Zip _____
Telephone: _____ Email: _____

In Case of Emergency Notify: _____
Name: _____ Relationship: _____
Emergency contact telephone number: _____

Liability release and hold

Whereas, the undersigned acknowledges the inherent risks involved in riding and working around horses, which risks include bodily injury from using, riding or being in close proximity to horses, among other risks, and further, that both horse and rider can be injured in normal use or in competition and schooling therefore in consideration of the privilege of riding and/or working around horses at the M Bar C Ranch, the undersigned does hereby agree to hold harmless and indemnity The Forgotten Children’s Fund, M Bar C Ranch and it’s directors, employees, and volunteers for accident, damage, injury or illness to the undersigned or undersigned minor child .

Participant Signature _____
Date

Print Name

Signature of Parent/Guardian (if under18) _____
Date

Print Name