



Thank you for your interest in becoming a volunteer at Silver Buckle Ranch!

Volunteers are vital to the success of the Silver Buckle Ranch programs. We need your time, energy, and talents to make the programs happen. We are looking for volunteers to assist us in all our programs and events. Anyone age 15 and over can volunteer. There are two volunteer programs: Adult (over 18) and Youth (15-18). You do not have to be a horse person to be a volunteer. We will train you how to work around the horses. There are also many volunteer opportunities that do not require working with the horses.

We are looking for folks with the following characteristics:

- Have a genuine interest in youth and the SBR mission
- Recognize that well-educated youth are our greatest resource
- Have talents and skills to enrich our programs
- Have the patience and heart to be a positive mentor
- Accept supervision, direction, and responsibility

Process: An application and liability waiver is required to be completed. Once the required forms are submitted, your application will be forwarded to our Volunteer Coordinator. This will trigger the review process, which may take up to 4 weeks.

- Application will be reviewed for completeness.
- The Volunteer Coordinator will contact you to answer any questions and set up an introductory interview, which is required of all applicants.
- Background checks, required of any potential volunteer age 18 or over, will be processed.
- Upon successful background check, our Volunteer Coordinator will contact you to schedule:
 - ❖ Orientation and volunteer training (mandatory)
 - ❖ Horse skills assessment, if required.

The application is attached. Please return your completed application via standard mail, drop in the mailbox in the classroom at the ranch, or scan and email to our office. For more information, call the office or email us at volunteer@silverbuckleranch.org.

Silver Buckle Ranch

Mailing Address: PO Box 1416, Brush Prairie, WA 98606

Physical Address: 11611 NE 152nd Ave, Brush Prairie, WA

Phone: (360) 260-8932

Email: info@silverbuckleranch.org

EIN: 91-1226973



Volunteer Application

Please complete the following application if you are interested in volunteering. By filling out this application, your information will be added to our volunteer database and you will receive volunteer emails. We will contact you to set up an interview/tour of the ranch and to schedule a volunteer training.

Check age group that applies

- Adult (18 and over) Youth (15-17)

CONTACT INFORMATION

Date of Application: ____/____/____

Name: _____

Sex: Male Female

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Best number to reach you at: _____ - _____ - _____ Alternate Number: _____ - _____ - _____

DOB: ____/____/____

Emergency Contact: _____

Name and Number

SCHEDULE

Please complete the following section to the best of your knowledge. We understand that schedules change. Currently we need volunteers to help with the horses during our youth programs and birthday parties Monday to Wednesday afternoons and on weekends. In addition, we need volunteers to help with barn chores mornings Monday to Friday and on weekends. Please indicate which days and times you are available and if you prefer to volunteer as a regular shift or on an "as needed" basis. You may select one or both options.

I would like to be "On Call." You can contact me when help is needed for major projects (i.e. moving hay, ranch events, etc).

I would like to serve the ranch on a regular basis.

- Weekly Bi-monthly Monthly

Please check the days of the week you would like to volunteer. If you are able, include the approximate time you would be able to arrive and depart on the days you have listed.

Monday:	Start	____AM	____PM	Finish	____AM	____PM
Tuesday:	Start	____AM	____PM	Finish	____AM	____PM
Wednesday:	Start	____AM	____PM	Finish	____AM	____PM
Thursday:	Start	____AM	____PM	Finish	____AM	____PM
Friday:	Start	____AM	____PM	Finish	____AM	____PM
Saturday:	Start	____AM	____PM	Finish	____AM	____PM
Sunday:	Start	____AM	____PM	Finish	____AM	____PM

All volunteers must log volunteer hours into the notebook provided in the classroom. This supports our grant writing and fundraising efforts. Thank you.

AREAS OF INTEREST

Please check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Barn/Horse Care | <input type="checkbox"/> Ranch HANDS | <input type="checkbox"/> Birthday Parties |
| <input type="checkbox"/> Office Support | <input type="checkbox"/> Facilities/Gardening | <input type="checkbox"/> Roping/Sorting |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Field Trips |

SKILLS *(If more space is needed, use back of sheet.)*

As a volunteer, what do you feel your strengths are?

Of the skills, talents, hobbies, profession or special interests you possess, which would you like to offer to the ranch?

Horse Handling Experience Level: Beginner Intermediate Advanced (Please detail experience)

Please share years/types of experience working with youth, along with any certifications or special training:

Languages Spoken: _____ Languages Written: _____

First Aid /CPR Card Expiration Date: _____ (Not required to be a volunteer)

OTHER QUESTIONS

How did you hear about Silver Buckle Ranch?

Why would you like to be a SBR volunteer?



Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury during the process of being a participant, visitor or volunteer while being on the property of Silver Buckle Ranch, I authorize the Silver Buckle Ranch to secure and retain medical treatment and transportation as needed; release participant/visitor/volunteer upon request by authorized individuals in the emergency medical treatment.

Participant/Volunteer name: _____ Guardian/Parent: _____

Address: _____

City: _____ State: _____ Zip _____

Additional Emergency Contacts:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Physician's Name _____ Preferred Medical Facility _____

Health Insurance Company _____ Policy Number _____

Participant or Guardian Signature: _____ Date: _____



Criminal History Verification

Only fill this out if you are 18 years or older

Name _____ Date of Birth _____ Gender _____

List Other Names Previously Used _____

Circle Yes or No

A. Have you **EVER** been convicted of a sex-related crime? Yes No
If yes please specify which state you were convicted in. _____
If yes did the crime involve force or minors?

B. Have you **EVER** been convicted of a crime involving violence or threat of violence? Yes No
If yes, specify what state you were convicted in: _____

C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcohol? Yes No
If yes, specify what state you were convicted in: _____

D. Have you **EVER** been convicted of any other crime except a minor traffic? Yes No

E. Have you **EVER** been arrested for a crime for where has not been an acquittal/dismissal? Yes No

Advisory: A check of the applicant's criminal history will be made by Silver Buckle Ranch to verify the responses to the preceding questions.

I hereby grant Silver Buckle Ranch permission to check my civil or criminal records to verify any statement made on this form.

Volunteer Applicant's Signature _____ Date: _____



Authorization to Release Information

I, _____
Last Name **First Name** **Middle Name**

_____ **Current Address** _____ **Dates Lived Here**

Addresses for the Past Seven Years: (include street, city, state, zip code) Dates of Residence:

_____ **Date of Birth** _____ **Other Names Used (including maiden name)** _____ **Years Used**

I do hereby authorize verification of all information in my volunteer application from all sources of employment, education, motor vehicle, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof. I release all persons from liability on account of such disclosures. Information acquired from this Authorization will be used in determining my suitability to volunteer. I certify that I have made true, correct, and complete answers and statements on my volunteer application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application. I agree to provide additional information that may be requested to process my application. This authorization is valid during the course of my volunteer activities to the extent permitted by law.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection and/or discharge from volunteer responsibilities.

_____ **Printed Name** _____ **Applicant Signature** _____ **Date**



2016 Liability Release

Name		Phone	
Address	City	State	Zip
If under 18:	Date of Birth	Parent or Emergency Contact	Phone
Email: _____			

If you are using a SBR Horse: Do you weigh under 210 pounds? Yes No Do you have any riding experience? Yes No

In consideration of the acceptance of my application to ride my horse, a Clinic Participant Horse or a Silver Buckle Ranch (SBR) horse, I hereby waive release, and discharge SBR, its directors, officers, employees, volunteers, and members, and their agents' representatives or employees from, any and all demands, claims, actions, damages, costs or expenses in respect to death, injury, loss or damage to any person or property arising out of or resulting from my participation in these activities. This release and waiver is intended to discharge in advance and I covenant not to sue SBR, its directors, officers, employees or members, and their agents, representatives or employees for damages for death, personal injury, property damage or loss which I may have or may subsequently occur, as a result of my participation in these activities.

It is understood and agreed that The Equine Activity Liability laws of the State of Washington, § RCW 4.24.540, state among its statutory provisions that "an equine activity sponsor or an equine professional shall not be liable for an injury to or the death of a participant engaged in an equine activity." **WARNING OF INHERENT RISKS:** Equine Activity is inherently dangerous and I understand: a) the propensity of the animal to behave in ways that may result in injury, harm, or death to persons on or around them; b) the unpredictability of the animal's reaction to outside stimulation such as sounds, sudden movement, and unfamiliar objects, persons, or other animals; c) the possibility of collisions with other animals or objects; d) or the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability.

I further understand that serious accidents occasionally occur from participation in equestrian activities, and that participants occasionally sustain mortal or serious personal injuries and/or property damage, as a consequence thereof. I am aware that an equine activity sponsor or an equine professional shall not be liable for an injury to or the death of a participant engaged in an equine activity and that no participant nor participant's representative may maintain an action against or recover from an equine activity sponsor or an equine professional for an injury to or the death of a participant engaged in an equine activity per Washington State RCW 4.24.540 Limitations on Liability for Equine Activities. Knowing these risks, I hereby agree to assume these risks and to release and hold harmless all of the persons or entities mentioned above. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs, executors and assigns.

I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH. It is understood and agreed that this agreement is to be binding upon myself, my heirs, executors and assigns under the laws of the State of Washington. I understand that this is a legal document. I have read and understood this release and understand all its terms. I execute it voluntarily and with full knowledge of its meaning and significance. I hereby assume all of the risks associated with equine related activities. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN SILVER BUCKLE RANCH AND ME.

PHOTO RELEASE

I consent to and authorize the use and reproduction by Silver Buckle of any and all photographs or any other audio-visual taken of me/my son/daughter and written statements to be used for promotional printed material, educational activities, and any other use for the benefit of the program.

YES _____ NO _____ Initial: _____

I HAVE READ AND UNDERSTAND THE ABOVE:

_____ Signed	_____ Printed Name	_____ Date
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IF UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST READ AND SIGN BELOW!

I REPRESENT THAT MY CHILD IS CAPABLE OF PARTICIPATING IN THE ABOVE EQUESTRIAN ACTIVITY. I HEREBY RELEASE ANY CLAIM IN NEGLIGENCE OR BREACH OF CONTRACT I MAY HAVE ARISING OUT OF ANY INJURY DUE TO AN ACTIVITY IN WHICH MY CHILD WILL BE INVOLVED. IN THE EVENT ANY OF MY REPRESENTATIONS ARE INCORRECT, AND THAT REPRESENTATION CAUSES OR CONTRIBUTES TO ANY INJURY TO MY CHILD, THEN I HOLD SILVER BUCKLE YOUTH EQUESTRIAN CENTER, ITS BOARD OF DIRECTORS, OFFICERS, INSTRUCTORS, THERAPISTS, VOLUNTEERS, AND/OR EMPLOYEES HARMLESS FROM SUCH CLAIM, AND WILL DEFEND AND INDEMNIFY SILVER BUCKLE YOUTH EQUESTRIAN CENTER FROM ANY SUCH CLAIM.

_____ Signed or Signature of PARENT OR GUARDIAN	_____ Printed Name	_____ Date
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