



VOLUNTEER RANCH HAND APPLICATION

DATE _____

PRINTED NAME _____ SIGNATURE _____

ADDRESS _____

CITY / STATE / ZIP _____

PHONE _____ EMAIL _____

BEST WAY TO CONTACT YOU _____ BEST TIME TO CONTACT YOU _____

EMPLOYER _____ POSITION _____

Your contact information will be added to our mailing lists unless you opt out by checking this box.

How did you hear about us? Family/Friend Website Facebook/Instagram YouTube TV Other _____

_____ I AM OVER THE AGE OF 18

IF UNDER 18, INDICATE DATE OF BIRTH: _____ / _____ / _____
MONTH DAY YEAR

IF UNDER 18, A PARENT, GUARDIAN, OR RESPONSIBLE PARTY MUST SIGN THIS FORM AND ACCOMPANY THE MINOR ON THE RANCH AT ALL TIMES. BY SIGNING THIS FORM, I TAKE FULL RESPONSIBILITY FOR THE ACTIONS OF THIS MINOR AND HAVE COMPLETED A SEPARATE VOLUNTEER RANCH HAND APPLICATION.

PRINTED NAME: _____ RELATIONSHIP TO MINOR: _____

SIGNATURE: _____

IN ADDITION TO YOUR LOVE FOR AND INTEREST IN HORSES, WHY DO YOU WANT TO BECOME A RANCH HAND? _____

DESCRIBE YOUR EQUINE SKILLS AND/OR TRAINING: _____

DESCRIBE ANY PRESENT OR PREVIOUS VOLUNTEER EXPERIENCE: _____

DESCRIBE ANY EXPERIENCE WORKING WITH NON-PROFIT ORGANIZATIONS OR THE PUBLIC: _____

DESCRIBE ANY ADDITIONAL SPECIAL SKILLS YOU POSSESS (FUNDRAISING, COMPUTER, ETC.): _____

DESCRIBE ANY PHYSICAL LIMITATIONS OR DISABILITIES YOU MAY HAVE: _____

OUR RESCUE TRIES TO FIND PERMANENT HOMES FOR ALL EQUINES IN OUR CARE. HOWEVER, FOR MEDICAL REASONS, EUTHANASIA MAY SOMETIMES BE THE MOST COMPASSIONATE COURSE FOR AN ANIMAL IN OUR CARE. PLEASE SHARE YOUR THOUGHTS ABOUT EUTHANASIA _____