

WHISPERING MEADOWS RANCH, INC.
5011 John Anderson Highway
Flagler Beach, FL 32136
(386) 439-3195, (386) 503-6312

Volunteer Information Packet

Name: _____ Date of Birth: ___/___/___ Male Female

Mailing Address: _____ City: _____ State: _____ Zipcode: _____

Telephone: () _____ Work: () _____ Cell: () _____

E-Mail Address: _____

Name of Employer/School: _____

Occupation: _____

Parent/Legal Guardian/Caregiver Name: _____

Phone: _____

E-Mail Address: _____

How did you hear about Whispering Meadows Ranch? _____

HEALTH HISTORY

Please describe your current health status. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyles changes:

Allergies: _____

Medications: _____

Are you currently First Aid/CPR Certified? Yes No

Have you completed any first aid/rescue breathing training? Yes No

Can you walk for 30 minutes and jog for short distances? Yes No

Can you hold your arm above shoulder height and support a modest weight? Yes No

Are you comfortable working or walking around horses/ponies? Yes No

Please specify what type of experience you have had with horses:

Volunteer History

Indicate the reason you are seeking to volunteer at the ranch(check all that apply):

Personal Fulfillment School Community Service Skill development

List your past volunteer activities:

Confidentiality and Photo Release

I agree that as a Whispering Meadows Ranch, Inc. volunteer to respect the privacy of the riders and hold in confidence all information obtained in the course of my volunteers services. I recognize that confidentiality and privacy requirements apply to fellow volunteers and that all photos of riders are prohibited. As a volunteer, I hereby consent to and authorize the use and reproduction by Whispering Meadows Ranch of any and all photos and any audio-visual material taken of me for promotional material, educational activities, or for any other use for the benefit of the program.

Applicant's Signature

Date:_____

Signature of Parent/Guardian (if under 18 years of age)

Date:_____

Authorization for Emergency Medical Treatment

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, I authorize Whispering Meadows Ranch Inc. to secure and maintain medical treatment and transportation, if needed.

Volunteer Name: _____ Phone:_____

In case of emergency, Contact:_____ Phone:_____

Physician's Name:_____ Phone:_____

Preferred Medical Facility:_____

Health Insurance Co: _____

Please Check one option listed below:

___ I give consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services while being on the property of the ranch. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

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

Applicant's Signature

Date:_____

Signature of Parent/Guardian (if under 18 years of age)

Date:_____

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Participants Full Name: _____ Date of Birth: _____

UNCONDITIONAL GENERAL RELEASE

WARNING-UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

I acknowledge that I will engage in horseback riding and other equestrian activities at Whispering Meadows Ranch in Flagler Beach, Florida. I represent that I am experienced in horsemanship or it has been explained and I understand and accept that equestrian activities can be dangerous and hereby accept and assume all risks to my person and property incident to such activities.

I hereby waive, release and relinquish all rights and claims I may now or hereafter have against Whispering Meadows Ranch, Richard and Helene Davis, owners of the land and buildings upon which it operates it's business, to any or all injury to myself, and damage to my personal property which may arise, directly or indirectly from my presence on said premises or my participation in such activities. This waiver and release shall bind me, my heirs and legal representatives.

Date: _____

Signature of Participant/Volunteer/Rider: _____

Signature of Parent or legal Guardian: _____

Print Name: _____

Participants Name: _____

Participants Date of Birth: _____

Address: _____

Telephone: _____

Email: _____

Personal references are REQUIRED for all Whispering Meadows Ranch volunteers. Each personal reference must be at least 18 years of age and a non-family member. Teachers, co-workers, guidance counselors, pastors and family friends are recommended options.

Personal References

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Years known: _____ Relationship to applicant: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Years known: _____ Relationship to applicant: _____

Authorization to Release Information

Current Driver's License: Yes No License #: _____ State: _____

I, _____, authorize Whispering Meadows Ranch Inc. to receive information from any law enforcement agency, including police & sheriff's departments of this state or any other state or federal government, to the extent permitted by the state and federal law, pertaining to any convictions I may have had for violations of state and 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 a volunteer, and that I expressly do not authorize Whispering Meadows Ranch, Inc. to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signature: _____

Date: _____

