



5011 John Anderson Highway Flagler Beach, FL 32136
(386) 439-3195, (386) 503-6312
www.whisperingmeadowsranch.org

Volunteer Information Packet

We are thrilled you have chosen to volunteer with us! As a volunteer, your dedication and hard work allows you to be an integral part of assisting those with disabilities through our recreational, educational, and equine-assisted programs. How rewarding to know that your efforts can really make a difference in our 100% volunteer-based non-profit organization.

The following information packet includes details about our organization and the roles and responsibilities of our volunteers. We hope that you find the duties of your particular job choice to be fulfilling and that your volunteer experience with us is rewarding and positive. If you have any questions please feel free to contact Kristine @ 386-503-6312 or Mrs. D @ 386-439-3195. Once again welcome and we look forward to having you as part of our Whispering Meadows Ranch Team!

Kindly,

The Whispering Meadows Ranch Family

About Whispering Meadows Ranch

Our mission is to enrich the lives of those with special needs and disabilities through recreational, educational and equine-assisted activities. We strive to be a place where visitors and their families feel welcomed and accepted unconditionally. The ranch's foundational principles are Christ-centered and we are guided by and fully embrace Christian values, including respect, kindness, and compassion.

Our Core Values:

Whispering Meadows Ranch pledges to be transparent, positive and selfless. We will uphold our core values in our work and promote them in the community as a whole. They represent what we believe in, what we stand for, and how we approach everything we do.

Integrity We remain true to our mission and work hard to provide exceptional service to our clients and our community while maximizing the support of our donors. We are committed to careful stewardship of all human, natural, and financial resources. We will remain clear, honest and humble.

Excellence We are devoted to creating a place where families, caregivers and visitors feel heard, safe, respected, and supported. We maintain the strength to lead, the creativity to inspire, and the will to foster positive change. We will take an unbiased approach to growth and learning.

Positive Attitude We aspire to maintain a positive attitude by always expecting the best possible outcome in every situation. We exhibit a can-do attitude as we perform our responsibilities and interact with our peers and clients. We start each day with a renewed vigor and positive attitude.

Empowerment We pledge to provide an inclusive environment that will empower our clients, volunteers and visitors to discover a sense of purpose, and expand awareness of their own capabilities to contribute to their community.

Passion and Purpose We will be driven by our passion to follow our values and desire to create programs that have purpose and embrace innovation and creativity. This driving force will hold us to high standards and allow us to expand services to our clients they don't even know they need.

Community We will work unyieldingly to build strong relations with community, state and federal organizations to advocate for the underrepresented and create a better future through leading edge ideas. This pro-active approach will continue to open lines of communication, broaden our resources with a variety of skills and knowledge and therefore, improve the overall performance of our programs and assist in accomplishing our goals.

Volunteer Opportunities

Where do I fit?

At Whispering Meadows we have an opportunity for everyone who is willing to give of their time and talent. Listed below is a brief description of jobs that need YOU. Take a look at them and see where you might fit.

For hands-on interaction and physical exercise you might want to be a:

Sidewalker – The primary responsibility of a sidewalker is to maintain constant safety awareness, while providing physical and motivational support to the rider.

Qualifications for Sidewalker – Minimum age is 15. Be able to walk briskly in sand for 15-20 minutes. Jog intermittently for short periods of time while horse is trotting. Attend volunteer training and be committed for your time slot assignment.

If you have experience with horses you might want to be a:

Horse Leader - The main responsibility of the leader is to control the horse during grooming and the lesson. It is the leader who must help in guiding, stopping and starting without making the rider feel that they are simply a passenger.

Qualifications for Horse Leader - Minimum age is 15. Must have experience with horses and be approved by the director. Attend hands-on training and be responsible for continued training as needed. Should be able to walk at a fast pace and jog intermittently during the lesson.

If you like to organize and clean you might want to be a:

Tack Master – This job consists of helping our tack room stay clean and organized. Helping riding teams gather the tack specified for each lesson and make sure it all gets cleaned and put where it belongs.

Qualifications for Tack Master – Minimum age 14. Must be willing to attend one volunteer training session.

If you want to work inside you might want to be a:

Paper Jockey – We have filing, data entry, phone calling that needs to be completed to keep our organization running. Flexible hours.

Qualifications for Paper Jockey – Minimum age 17. Must be willing to attend one volunteer training session.

If you like to help plan parties and events you might want to be on the:

Chuck Wagon Team – We will need folks to help with volunteer appreciation and riding events. This may entail menu planning, cooking, helping to serve, table set up and clean up.

Qualifications for Chuck Wagon Team – Minimum age 14. Must be willing to attend one volunteer training session.

If you want to assist in handy man/woman projects you may want to be a:

Roustabout – You will work on special projects for general maintenance purposes.

Qualifications for Roustabout – Minimum age 14. Attend one volunteer training session.

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Volunteer Application

Please Print

Name: _____ Date _____

Address: _____

City: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____ Date of Birth: _____

Parent/Guardian _____ Phone _____
(If under 18)

How did you find out about us? _____

Height _____ Shirt Size _____ Fluent foreign language _____

Emergency Contact Information: Name/relationship _____

Phone: Cell _____ Work _____ Home: _____

Employer/School: _____

Occupation: _____

Areas of interest: (check all that apply)

Riding Classes _____ Tack Cleaning _____ Facility Maintenance _____ Horse Care _____

Office work _____ Fund Raising _____ Special Events _____ Other _____

Experience working with horses: little/none _____ some _____ considerable _____

Please describe briefly:

Experience with people with disabilities: little/none _____ some _____ considerable _____

Please describe briefly:

Please indicate your availability. (Check all that apply)

Monday	8:00-11:00	2:30-4:00	3:30-5:00
Tuesday	8:00-11:00	2:30-4:00	3:30-5:00
Wednesday	8:00-11:00	2:30-4:00	3:30-5:00
Thursday	8:00-11:00	@:30-4:00	3:30-5:00
Friday	8:00-11:00	2:30-4:00	3:30-5:00
Saturday	7:30-12:00		

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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Volunteer/Participant's Name: _____

Please Print

In case of Emergency, contact: _____	Phone(s): _____
Physician's Name: _____	_____
City: _____	Phone: _____
Preferred Medical Facility: _____	_____
Health Insurance Carrier: _____	Policy #: _____
Please indicate any allergies: _____	
Please indicate any disability, limitations or medical conditions that may affect your volunteer role and that we should be aware of _____	

Date of last Tetanus shot _____	

CONSENT PLAN

I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, any participation on my part at Whispering Meadows Ranch, or while being on the property of Whispering Meadows, I authorize Whispering Meadows Ranch to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

Volunteer/Participant Consent Signature _____ Date: _____

Signature of Parent/Guardian _____

(If volunteer/participant is under 18 years of age, **both** signatures are required)

NON-CONSENT PLAN

I do not give consent for emergency medical treatment/aid in the event of illness during the process of receiving services, any participation on my part at Whispering Meadows Ranch, or while being on the property of Whispering Meadows Ranch. In the event emergency treatment/aid is required, I wish the following procedures to take place: _____

Volunteer/Participant Signature: _____ Date: _____

Signature of Parent Guardian _____

(If volunteer/participant is under 18 years of age, **both** signatures are required)

Volunteer/Participant Name: _____

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POLICY OF CONFIDENTIALITY:

I agree to respect and observe privacy and confidentiality of the participants, volunteers, employees and donors of Whispering Meadows Ranch and not discuss or disclose any sensitive information about any person or their family.

Volunteer/Participant Signature: _____ Date _____

Signature of Parent Guardian _____
(If volunteer/participant is under 18 years of age, **both** signatures are required)

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 property 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: _____

PrintName: _____

Participants

Name: _____

Participants Date of

Birth: _____

Address: _____

Telephone: _____

Email: _____

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Authorization to Release Information

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: _____

Background checks:

In order to insure the safety of our riders/clients and volunteers Whispering Meadows Ranch reserves the right to perform a background check on all individuals 18 years of age and older.

PLEASE COMPLETE:

Driver's License# _____ State: _____

Have you ever been convicted of a criminal offense? _____ Yes _____ No
If yes, when _____

Explain: _____

The above information may be verified and I give permission to make inquiry of others, including a background check, concerning my suitability to act as a volunteer at Whispering Meadows Ranch.

Volunteer Signature _____
Date _____

Signature of Parent Guardian

(If volunteer/participant is under 18 years of age, both signatures are required)

Volunteer Code of Conduct

I Will:



Honor my commitment to the Whispering Meadows Ranch participants.



Realize that constant mindfulness is necessary for safety.



Take seriously the importance of confidentiality.



Follow the directions of the Whispering Meadows Ranch staff, supporting their intentions and remaining open to their guidance.



Show respect towards fellow volunteers.



Treat the Whispering Meadows Ranch horses humanely, and with understanding, patience and care.



Help instill in our riders/participants empathy and appreciation for the horses.



Help monitor and maintain the integrity of Whispering Meadows Ranch's property, facilities and equipment.



Conduct myself in a wholesome, positive and patient manner.

I have read and understand the Whispering Meadows Ranch Volunteer Code of Conduct and agree to uphold the above code of conduct.

Signature of Volunteer

Date

Name (Please Print)