



*Helping children and their families
one hoof beat at a time!*



Building character
Restoring hope
Empowering relationships

WELCOME to Valley Trotters Youth Ranch!

Welcome to our corps of VTJR volunteers dedicated, enthusiastic, caring, responsible and knowledgeable people who work with our riding and equine rescue programs. We look forward to helping you gain the skills to be a valuable member of our volunteer team.

Once you have printed and completed the forms in this packet you will have completed the first step towards becoming a VTJR volunteer. The next step is to sign up for an orientation session. To learn when our next orientation session will be held contact us at (volunteer@valleytrottersyouthranch.org). Finally, bring your completed forms to the orientation session, where you will learn about our programs. Together we will determine how and where your skill sets match with volunteer opportunities at VTJR.

This packet contains:

Forms that must be completed and returned to VTJR prior to activating your application:

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Important Phone Numbers:

Greg Bozard - Executive Director
Mobile: 956-369-9278
greg@valleytrottersyouthranch.org
volunteer@valleytrottersyouthranch.org

Abby Bozard - Mentor & Instructor
Mobile: 956-369-1078
abby@valleytrottersyouthranch.org



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1. Valley Trotters Youth Ranch - Volunteer Registration Form

Please complete this form (printed clearly) and bring it with you to your orientation appointment.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: (mm/dd/yy) _____ Are you 18 or over?...Y / N

Contact information.... (please circle your preferred method of contact below.)

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Email Address: _____

Do you read texts on your cell phone?...Y / N Tweet?...Y / N Use Facebook?...Y / N

How did you hear about volunteer opportunities at VTJR _____

Why do you want to volunteer at VTJR? _____

Medical conditions that might affect your performance as a volunteer:

Heart _____ Lungs _____ High blood pressure _____ Seizures _____ Other _____

Comments/explanations _____

Which volunteer activities are of particular interest to you?

Areas of Interest - please check all that apply

Refer to our volunteer information package for explanations of each volunteer capacity....

- | | | |
|---|---|---|
| <input type="checkbox"/> Artisan | <input type="checkbox"/> Listener | <input type="checkbox"/> Professional Assist. |
| <input type="checkbox"/> Builder | <input type="checkbox"/> Mechanic | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Energy Booster | <input type="checkbox"/> Memory Maker | <input type="checkbox"/> Trucker |
| <input type="checkbox"/> Fund Raiser | <input type="checkbox"/> Musician | <input type="checkbox"/> "Intern" |
| <input type="checkbox"/> Green Thumb | <input type="checkbox"/> Office Assistant | <input type="checkbox"/> Session Mentor |
| <input type="checkbox"/> Greeter | <input type="checkbox"/> Playpal | <input type="checkbox"/> Special Needs Youth |
| <input type="checkbox"/> Hay Team | <input type="checkbox"/> Power House | <input type="checkbox"/> Lead Walker |
| <input type="checkbox"/> Housekeeper | <input type="checkbox"/> Prayer Team | <input type="checkbox"/> Side Walker |

We are also open to your ideas for new volunteer positions. Please list and explain here:



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Volunteer Scheduling... Check all that apply

Please complete the following section to the best of your knowledge. We understand that schedule changes do occur, please indicate how regular you would like to volunteer.

I would like to serve on an: Irregular Basis (short term)

- I would like to be contacted when help is needed on weekends
- Contact me anytime help is needed (i.e. bucking hay, major projects, ranch events, etc.)
- You may call me on short notice (within two days) to come and help with projects.
- Please contact me about volunteer opportunities beginning. (mm/dd/yy): / /
- I would like to serve on these specific days only: _____

I would like to serve on a: Regular Basis (Longer term)

- I would like to volunteer weekly between (mm/dd/yy) / / and / / *(specific period)*

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

- | | | |
|------------------------------------|---------------------------|--------------------------|
| <input type="checkbox"/> Monday | arrival time: _____ am/pm | depart time: _____ am/pm |
| <input type="checkbox"/> Tuesday | arrival time: _____ am/pm | depart time: _____ am/pm |
| <input type="checkbox"/> Wednesday | arrival time: _____ am/pm | depart time: _____ am/pm |
| <input type="checkbox"/> Thursday | arrival time: _____ am/pm | depart time: _____ am/pm |
| <input type="checkbox"/> Friday | arrival time: _____ am/pm | depart time: _____ am/pm |
| <input type="checkbox"/> Saturday | arrival time: _____ am/pm | depart time: _____ am/pm |

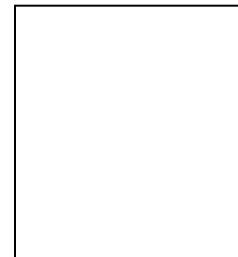
Please indicate which “one” of the following best applies to your application:

- My offer to volunteer expires on: (mm/dd/yy) / / *(specify exp. date)*
- My offer to volunteer has no expiration. Please keep my application “active”.

If you are emailing your application, add your picture as an attachment.

- or -

If you would like, feel free to paste a picture of yourself here





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Special Skills I have:

___ Health Professional _____ (fill in type) ___ Special Ed background
___ Experience with horses ___ Sign Language Multi-lingual (list languages): _____

Please list two people who have known you for several years. *Please do not use family as a reference:*

Name: _____ Phone: _____
Name: _____ Phone: _____

Employer/School Contact Information (if you have come to us as part of a school or company program):

Does your Employer support employee volunteer activities? Y / N

Does your Employer offer matching gifts? Y / N

Will you request confirmation of your volunteer hours in writing? Y / N

Have you ever been convicted of a felony and/or misdemeanor in this State or any other jurisdiction? Y / N

Nature of Conviction	State of Conviction	Date of Arrest	Date of Conviction	Sentence/Disposition

Registrants for volunteer work are required to disclose all felony/misdemeanor convictions in this State or any other jurisdiction. Prior convictions will not necessarily bar him/her from volunteering. Prior convictions are reviewed on a case-by-case basis. All information regarding conviction records will be kept confidential and will not be disclosed outside of Valley Trotters Youth Ranch.

I affirm that the information I have provided on this Volunteer Registration Form is true and correct to the best of my knowledge. I agree to conform to VTJR rules and regulations to the best of my ability. I agree to respect the confidential nature of student information that I may have access to through my volunteer work in accordance with the privacy policy stated in the volunteer manual. At the time I choose to discontinue my active volunteer status, I agree to notify the Volunteer Coordinator and to complete an exit interview if requested.

Valley Trotters Youth Ranch communicates with volunteers by e-mail. By signing this form you are consenting to receive emails from VTJR. If in the future, you wish to permanently cease a relationship with us and to opt out of further emails, please inform our volunteer coordinator.

Signature : _____ Date: _____



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2. Authorization for Emergency Medical Treatment

Please print clearly when completing this form and bring it with you to your orientation appointment.

Please Check One: ___ Participant ___ Staff ___ Volunteer

Name: _____ DOB: (mm/dd/yy) _____

Phone: _____

Address: _____

Physician's Name and Phone Number: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Phone: _____

Policy and ID # _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan:

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services from Valley Trotters Youth Ranch, or while being on the property leased or rented by Valley Trotters Youth Ranch, I authorize Valley Trotters Youth Ranch to:

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

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(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian

Non-Consent Plan:

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services from Valley Trotters Youth Ranch or while being on the property leased or rented by Valley Trotters Youth Ranch.

___ Parent or legal guardian will remain on site at all times during equine assisted activities.

___ In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Non-Consent Signature: _____

Client, Parent or Legal Guardian



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By initialing below that you agree to comply with our Treatment of Confidential Information Policy & Volunteer Dismissal Policy. Please bring a copy to our orientation appointment.

4. TREATMENT OF CONFIDENTIAL INFORMATION POLICY

As a volunteer who works with the riders, you will be given enough background information so you may be sensitive to the riders' needs. Occasionally, more detailed information might be given to you or you may become aware of it indirectly or even inadvertently. All of the circumstances of a rider's life, condition, disability, actions or behavior are confidential. Under **NO** circumstances are you to divulge this information to anyone other than Valley Trotters Youth Ranch personnel, and then only as necessary to aid the rider. If you have questions, please feel free to ask your **VTYR** Instructor, the Volunteer Coordinator, Program Manager or Executive Director.

Initial here: _____

5. VOLUNTEER DISMISSAL POLICY

Without the skill, energy and commitment of our volunteers we could not run our programs. However there are occasions when the needs and skills of a volunteer cannot be matched with our work. In order to maintain safety and excellence in our programs, we reserve the right to dismiss a volunteer if we determine that the volunteer cannot safely and effectively perform the duties assigned to them. This decision will be made by the Instructor, the Volunteer Coordinator and the Executive Director, as a committee. The decision is in the full discretion of the committee. If any one of these three people determines that a safety issue is presented, that person may ask the volunteer to immediately stop work. In the case of concerns about a volunteer, we will attempt to retrain or reassign the volunteer, but may dismiss the volunteer without retraining if the committee determines appropriate. Failing to disclose a health or fitness issue on the volunteer forms will be grounds for immediate dismissal, as will presenting for duty intoxicated or chemically impaired.

Initial here: _____