

## 2<sup>ND</sup> CHANCE YOUTH RANCH

## **VOLUNTEER APPLICATION**

FIRST NAME: _	MI:	Last Name:
Address:		
		• 
DATE:	Are you a	t least 18 years of age or older? Yes No
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EMPLOYER INF	FORMATION:	
Name of Employer:_		Position:
Address:		PHONE:
SUPERVISOR:		MAY WE CONTACT: YES NO
PLEASE LIST A	NY PREVIOUS V	OLUNTEER EXPERIENCE:
Name of Organizatio	DN:	Dates:
Phone:	SUPERVISOR:	May we contact? Yes No
		Dates:
		DATES MAY WE CONTACT? YES NO
RESPONSIBILITIES:		NATWEGOTATION
		Dates:
DHONE.	CUDEDVICOD:	MAYINE CONTACT? VEC NO

RESPONSIBILITIES:	
QUESTIONS	
DO YOU HAVE ANY HEALTH/PHYSICAL DISABILITIES, SUCH AS ALLERGIES TO HAY OR A TO LIFT UP TO 50LB BALES OF HAY, FOR SOME EXAMPLES?	N INABILITY
PLEASE EXPLAIN WHY YOU WISH TO VOLUNTEER AT 2CYR, AND WHAT YOU WOULD LIK	E TO DO:
ARE YOU AFFILIATED WITH A CHURCH? IF YES, PLEASE LIST:PLEASE TELL US ABOUT YOURSELF AND YOUR INTERESTS:	
DO YOU HAVE ANY EXPERIENCE WITH HORSES? IF YES, PLEASE EXPLAIN:	
PLEASE LIST ANY SPECIAL SKILLS, ABILITIES, OR CERTIFICATIONS:	
HAVE YOU EVER BEEN REFUSED PARTICIPATION IN A YOUTH ORGANIZATION, OR HAVE F TRESPASSING ORDINANCES FILED AGAINST YOU? YES NO IF YES, PLEASE EXPLAIN ALL:	HAD ANY
HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY TO A CRIME INVOLVING A MINO IF YES, PLEASE EXPLAIN ALL:	DR? YES NO

<b>EMERGENCY</b>	CONTACT IN	NFORMATION:		
Name:		RELATIONSHIP:PHONE:		
TIMES OF AV	/AILABILITY			
PLEASE LIST HOURS	OF AVAILABILITY:			
Monday:		THURSDAY:		
Tuesday:	·	Friday:		
WEDNESDAY:		Saturday:		
		Sunday:		
REFERENCE	S			
Name:		HOW MANY YEARS KNOWN?		
Phone:		EMAIL:		
Professional	Personal			
Name:		HOW MANY YEARS KNOWN?		
PHONE:		EMAIL:		
PROFESSIONAL	PERSONAL			
Name:		How many years known?		
PHONE:		EMAIL:		
Professional	PERSONAL			
I AGREE TO ABIDE BY THE RULES AND REGULATIONS SET FORTH BY $2^{ND}$ CHANCE YOUTH RANCH AS THEY RELATE TO THE POSITION I AM VOLUNTEERING FOR. I AUTHORIZE $2^{ND}$ CHANCE YOUTH RANCH TO INVESTIGATE MY BACKGROUND AS IS DETERMINED NECESSARY FOR THE POSITION FOR WHICH I AM VOLUNTEERING FOR.				
DIVERSE NEEDS AND SOCIAL MALADJUST UNPREDICTABLE. I P DIRECTORS, STAFF, CAUSES OF ACTION	D CONDITIONS, WHICE MENTS. AND THAT I WHEREBY RELEASE 2ND AND AGENTS FROM A	ESTS SERVED BY 2 <sup>ND</sup> CHANCE YOUTH RANCH HAVE MANY THE MAY INCLUDE MENTAL, EMOTIONAL, PHYSICAL, AND WILL BE WORKING WITH HORSES THAT ARE CHANCE YOUTH RANCH AND ITS BOARD MEMBERS, ANY AND ALL CLAIMS, RESPONSIBILITY, LIABILITY, OR DSS, OR DAMAGE THAT I MAY INCUR IN CONNECTION WITH CE YOUTH RANCH.		
I ATTEST THAT ALL II	NFORMATION I HAVE	PROVIDED IS BOTH ACCURATE AND TRUTHFUL.		
		Date:		

SIGNATURE (PARENT OR GUARDIAN IF UNDER 18)