



2ND CHANCE YOUTH RANCH

VOLUNTEER APPLICATION

FIRST NAME: _____ MI: _____ LAST NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

DATE: _____ ARE YOU AT LEAST 18 YEARS OF AGE OR OLDER? YES NO

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EMPLOYER INFORMATION:

NAME OF EMPLOYER: _____ POSITION: _____

ADDRESS: _____ PHONE: _____

SUPERVISOR: _____ MAY WE CONTACT: YES NO

PLEASE LIST ANY PREVIOUS VOLUNTEER EXPERIENCE:

NAME OF ORGANIZATION: _____ DATES: _____

PHONE: _____ SUPERVISOR: _____ MAY WE CONTACT? YES NO

RESPONSIBILITIES: _____

NAME OF ORGANIZATION: _____ DATES: _____

PHONE: _____ SUPERVISOR: _____ MAY WE CONTACT? YES NO

RESPONSIBILITIES: _____

NAME OF ORGANIZATION: _____ DATES: _____

PHONE: _____ SUPERVISOR: _____ MAY WE CONTACT? YES NO

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

TIMES OF AVAILABILITY

PLEASE LIST HOURS OF AVAILABILITY:

MONDAY: _____ THURSDAY: _____

TUESDAY: _____ FRIDAY: _____

WEDNESDAY: _____ SATURDAY: _____

SUNDAY: _____

REFERENCES

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 2ND CHANCE YOUTH RANCH AS THEY RELATE TO THE POSITION I AM VOLUNTEERING FOR. I AUTHORIZE 2ND CHANCE YOUTH RANCH TO INVESTIGATE MY BACKGROUND AS IS DETERMINED NECESSARY FOR THE POSITION FOR WHICH I AM VOLUNTEERING FOR.

I AGREE AND UNDERSTAND THAT THE GUESTS SERVED BY 2ND CHANCE YOUTH RANCH HAVE MANY DIVERSE NEEDS AND CONDITIONS, WHICH MAY INCLUDE MENTAL, EMOTIONAL, PHYSICAL, AND SOCIAL MALADJUSTMENTS. AND THAT I WILL BE WORKING WITH HORSES THAT ARE UNPREDICTABLE. I HEREBY RELEASE 2ND CHANCE YOUTH RANCH AND ITS BOARD MEMBERS, DIRECTORS, STAFF, AND AGENTS FROM ANY AND ALL CLAIMS, RESPONSIBILITY, LIABILITY, OR CAUSES OF ACTION, FOR ANY INJURY, LOSS, OR DAMAGE THAT I MAY INCUR IN CONNECTION WITH MY VOLUNTEER ACTIVITIES AT 2ND CHANCE YOUTH RANCH.

I ATTEST THAT ALL INFORMATION I HAVE PROVIDED IS BOTH ACCURATE AND TRUTHFUL.

_____ DATE: _____

SIGNATURE (PARENT OR GUARDIAN IF UNDER 18)

PLEASE SEND TO 2CYR, 7202 181ST AVE NW, RAMSEY, MN 55303 OR CONTACT@2NDCHANCEYOUTH RANCH.ORG