



VOLUNTEER APPLICATION FOR WHISTLING OAKS THERAPEUTIC RANCH, INC.

Name <i>(Required)</i>

Address *(Required)*

Street Address:
City, State & Zip Code

Birth Date <i>(Required)</i>

Age <i>(Required)</i>

Must be at least 10. Children ages 10-16 always has to be accompanied by parent and parent must complete this application.

Email *(Required)*

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Phone *(Required)*

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Driver's License or State ID # / Issuing State *(Required)*

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PLEASE BRING PHOTO ID WITH YOU TO ORIENTATION.

Reference #1 Name and Phone *(Required)*

Name	Phone
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Reference #2 Name and Phone *(Required)*

Name	Phone
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Reference #3 Name and Phone *(Required)*

Name	Phone
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Approval to contact your references *(Required)*

Signature/Date



Work History: *(Required)* List all places of employment within last 5 years, including phone number

Name of Employer
Street Address
City, State & Zip Code

Name of Employer
Street Address
City, State & Zip Code

Name of Employer
Street Address
City, State & Zip Code

Reference #1 Name and Phone *(Required)*

Name	Phone
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Reference #2 Name and Phone *(Required)*

Name	Phone
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Approval to contact your volunteer references *(Required)*

Signature/Date

Have you ever been convicted of animal cruelty or neglect? *(Required)*

- Yes
- No

Have you ever volunteered before? *(Required)*

- Yes
- No



Have you ever been convicted of a felony? *(Required)*

- Yes
- No

Are you volunteering for service hours? *(Required)*

- No
- Yes, Community Service
- Yes, Other

Availability *(Required)*

We prefer our volunteers sign up to help with our daily chores and program times when they come available. Please let us know what your general availability. Our volunteer hours for chores are flexible and are available 7 days a week. **(Check all that Apply)**

- Variable Schedule when needed
- Mornings - Times Available: _____
- Evenings - Times Available: _____
- Mornings & Evenings - Times Available: _____
- During Week - Available: _____
- Weekends - Times Available: _____

How many years of horse experience? *(Required)*

Don't worry if you have little or no experience with horses, we have training available for our volunteers!

- Less than a month
- 1-6 months
- 1-3 years
- Over 3 Years
- None, but willing to learn!

Briefly describe your horse/volunteer experiences



Goals(Required)

What are you hoping to gain by becoming a volunteer with us at Whistling Oaks Therapeutic Ranch?

What areas would you be interested in to help us? **Tell us what areas interest you the most.**
(Required)

- Grounds/Maintenance
- Basic Volunteering
- Office (computer/paperwork/social media) Circle one or all
- Fundraising
- Community Outreach
- Marketing
- Event Planning
- Not Sure

Do you currently own a horse or horses? (Required)

- No
- Yes, residing on my property
- Yes, residing at a boarding facility

If you have a horse currently boarded, provide name and phone number of the facility.

Facility Name	Phone
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EMERGENCY CONTACT INFORMATION

Medical Conditions (Required)

Do you have any medical conditions?

- No
- Yes



If yes, briefly describe anything we will need to know in case you are injured.

Emergency Contact Name(Required)

Name	Relationship	Phone

Alternate Phone Number(Required)

Name	Relationship	Phone

WHISTLING OAKS THERAPEUTIC RANCH RULES

We strive to maintain a happy, safe, and serene environment for the horses and those who are interested in helping our rescues.

Barn Rules (Required)

Please read and initial stating you abide by these barn rules for due to safety, well-being, and comfort.

_____ Release of Liability: All visitors and volunteers need to understand the risks inherent to an equestrian facility and farm animals and are required to sign a release of liability in order to be on the property. **(MUST HAVE A SIGNED COPY OF THE HOLD HARMLESS)**

_____ Volunteers Sign-in/Sign-out: Please be sure to sign in when you get here and out when you leave. This is so that we know who is on the property at any given time, and in order to track volunteer contributions.

_____ Age Limit Whistling Oaks Therapeutic Ranch strives to ensure the safety of all volunteers, visitors, horses, and staff at all times; therefore, you are initialing after reading the below bullet points:

- Volunteers 13-17 years of age may only come unaccompanied if they have attended a volunteer orientation session and have parent/guardian AND staff approval from Whistling Oaks Therapeutic Ranch
- Volunteers 9-13 years of age must work with parent or guardian at Whistling Oaks Therapeutic Ranch and supervised at all times.
- Volunteers under 9 years, please speak with volunteer coordinator about opportunities.

_____ No Drugs or Alcohol: No alcohol, or drugs will be tolerated on the property at any time.



_____Barn Safety & Cleanliness: Store pitch forks, muck rakes, shovels, wheelbarrows, and buckets safely out of the way. Proper storage eliminates tripping hazards and extends the working life of our tools. If you get it out, PUT IT AWAY. Trash goes into marked trash bins only. Clean up hair, hoof dirt and other debris when you are done grooming.

_____Doors/Gates/Fences: Check stall doors, and paddock gates. Paddock gates should always remain closed, unless all horses are turned in. Tack room and feed/medicine room doors must be closed and latched at all times! This helps to prevent animals from wandering onto the road or getting off the property.

_____Safety/Respect: Do not climb on gates, fences, stalls, etc. No yelling, profanity, aggression, or drama will be tolerated. If you notice something that needs repair or looks dangerous, advise a senior volunteer and/or the owner, so that we can attend to it.

_____Supplies: If you break an item, please let someone know. Only use items designated for Whistling Oaks Therapeutic Ranch. Respectfully use only what you need and close the items so that they do not leak out and put them away when finished.

_____Promoting Whistling Oaks Therapeutic Ranch: You can "like" us on Facebook (facebook.com/WhistlingOaksTherapeuticRanch or follow us on Instagram (@whistlingoakstherapeuticranch). Feel free to invite your friends to like or follow us too!

_____Safety/Health of Horses: Because many of the horses and animals here are either rescued and/or have medical issues. Always keep in mind that their history may have been traumatic and as a result their behavior may be unpredictable. Do not run at, yell, tease, throw or swing items at any animals at Whistling Oaks Therapeutic Ranch. No restraint devices are to be used on any of the animals unless authorized by the owners if an animal has become uncontrollable or puts people or other animals in danger. When in doubt, ask or wait before you do anything until you get permission from a manager, owner or senior lead on staff. Do not use anything on the property that is not provided by Whistling Oaks Therapeutic Ranch. If you are concerned about a health or physical issue with a horse, report it to a senior volunteer, manager or the Owner of Whistling Oaks Therapeutic Ranch.

_____Treats/Feeding: Do NOT feed or give treats to any of the animals unless approved by our facility.

_____Stall Cleaning: Do not go in and clean a stall with a horse in it, do not dump shavings with a horse in the stall. A stall is not considered clean until it is mucked, water bucket checked for cleanliness/cleaned/filled and feed buckets removed. Questions, ask a senior volunteer/owner.

_____Dress Code: Always wear appropriate clothing while volunteering at Whistling Oaks Therapeutic Ranch, closed toe shoes are a requirement (NO CROCS).



Please Check below in regard to above barn rules *(Required)*

- Agree
- Disagree

Confidentiality Agreement (Required)

This is to certify that I as a volunteer Whistling Oaks Therapeutic Ranch, understand that any information (written, verbal or other form) obtained during the performance of my duties must remain confidential. This includes all information about members, clients, families, employees, and other associate organizations and property owners, as well as any other information otherwise marked or known to be confidential. I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality. I further understand that any breach of the duty to maintain confidentiality could be grounds for immediate dismissal and/or possible liability in any legal action arising from such breach. Check to agree, sign and date.

- Agree

Signature for Confidentiality Agreement/Date

Volunteer Release (Required)

I hereby acknowledge that I have voluntarily applied to participate in an activity of volunteering or working around horses with Whistling Oaks Therapeutic Ranch (WOTR) at 8818 Zephyr Ranch Road, Zephyrhills, Florida 33541. hereinafter referred to as "WOTR". I understand that the activity of volunteering at WOTR and being around farm animals involves numerous inherent risks of injury that are my responsibility, and I assume these risks. I further understand that an animal, irrespective of its training and usual past behavior and characteristics may act or react unpredictably at times based upon instinct or fright which is a risk to be assumed by each participant in the activity. I further understand inherent risks of volunteering at WOTR means those dangers or conditions which are an integral part of volunteering at WOTR, including, but not limited to: a. The propensity of horses and other animals to behave in ways that may result in injury, harm, or death to persons on or around them. b. The unpredictability of a horse or any other animals' reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals. c. Certain hazards such as surface and subsurface conditions. d. Collisions with other animals or objects. e. The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his, her or a person's ability. To participate in the activity of volunteering at WOTR, I hereby agree to release WOTR, any of its owners, volunteers, agents, employees, or trainers, additional property owners and their agents or employees from liability due to their ordinary negligence, and except in the event of this facilities gross and willful negligence, I shall bring no claims, demands, actions, and causes of action, and/or litigation, against this rescue or any of its owners, volunteers, agents, employees or trainers or their employees for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward or my horse in relation to the premises and operations of this the



WOTR facilities, including handling, or otherwise being near horses or other animals owned by or in the care, custody and control of this facilities. This agreement is to be considered continuing in nature beyond this date so long as participant engages in the described activities. The parties agree that WOTR and other obligated parties shall be entitled to all costs and expenses associated with enforcement of the provisions of this agreement including but not limited to reasonable attorney fees. This contract can only be modified in a written agreement that has been signed by all parties. This Contract shall extend to and be binding upon the heirs, personal representatives, successors and assigns of the parties. WARNING Under Florida law, an 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 have carefully read and understand this agreement and fully agree with its contents.

Agree

Signature for Volunteer Release/Date

Have you signed up for orientation yet? *(Required)*

- Yes
 No

Check that you have read and comply: Any children's application must be accompanied by an adult application. *(Required)*

I have read and comply, if applicable.

If you have additional information that could not be completed in the spaces provided by the application submit a separate document with your name and date on the top.

Once the application, hold harmless and/or additional information is completed you can email or submit it to the following:

Whistling Oaks Therapeutic Ranch, Inc.
8818 Zephyr Ranch Road
Zephyrhills, FL 33541

Or

Email: WhistlingOaksTherapeuticRanch.org (Attn: Volunteer Application)

After submitting the application with the HOLD HARMLESS, check your email for the receipt and a possible orientation date and time. If you don't hear from our us, feel free to contact Email WhistlingOaksTherapeuticRanch@gmail.com Attention Kym Corkum or call (334-467-1232). Please print out a copy of your paperwork and bring with you to orientation.

THANK YOU FOR SUPPORTING US!