

15360 James Madison Pkwy King George, VA 22485 Submit completed application to: Email: toy.suon@Valorranch.onmicrosoft.com

VOLUNTEER APPLICATION

Section I: Personal Information

Full Name:			Date:			
(Last, First, Middle)						
Other Names Used:			Date of			
(Maiden, prior marriage, etc.)			Birth:			
Address			•			
City, State, Zip						
Home Phone:			Cell Phone:			
Email Address:			•			
Employer:			Occupation:			
(Name Address, Phone)			·			
Section II: Emergency Contact Name:	Contact Information		Relationship:			
Phone:			Cell Phone:			
Address:			cent none.			
City, State, Zip						
Physician			Phone:			
· ·			•			
Last Grade Completed: (High School)		College:				
Degree/Trade						
Licenses/Certifications						
Section IV: Interest (please check the areas that you	u're interested	in volunteering			
☐ Administration (general office assistance)		☐ Maintenance (electrical, plumbing, and fencing repairs, etc.)				
☐ Barn chores (feeding/watering, grooming, leading,		☐ Transportation (drive guest to/from ranch)				
cleaning stalls)		☐ Equine care/training				
☐ Farm operations (landscaping, gardening, mowing, etc.)		☐ Public relations& marketing (graphic design print/digital)				
☐ Equine Therapy		\square Meals (preparing/serving)				
	(requires extensive experience)	\square Housekeeping (cleaning cabins/wagons/bathhouse)				
☐ Firearms/archery inst	tructor/RSO	\square Excursions (Kayaking, fishing, boating)				
\square Special event helper	(setup, load/unloaded, trash, etc.)	☐ Fundraising				
☐ Medic/EMT		\square Grant team (researching opportunities, drafting applications)				
☐ Veteran counseling (I	PTSD, TBI, etc.)		☐ Veterinary/ farrier services			
	•	,,				

Any problem working with handicapped persons?					Do you have a valid driver's licenses?		
Ном о	lid you hear about Va	lor Panch?			univer sincenses:		
	Duty, Veteran/first re			Branch of Service	<u> </u>		
Nature of discharge (if applicable)			Branch of Scrvice	•			
1.	ability and fitness to	work as a voluntee	r. I furth	er understand that	e release of all relevar I may withdraw my ap my knowledge and be	plication at an	y time. I certify tha
	answer to any quest						
	Applicant's signature (including minor)		Date	Pa	arent/Guardian's Signature		Date
2.	Some volunteer actidoctor written appro				iin disabilities: By sign	ing this I agree	to obtain my
	Applicant's signature (including minor) Dat		Date		arent/Guardian's Signature		Date
3.	I hereby give my pe work involving disal				ind check on me befor	re considering	me for volunteer
	Applicant's signature	e (including minor)	Date	 Pa	arent/Guardian's Signa	ture	Date
4.		ır absence, to any er	nergenc	y medical treatmer	, or supervisory person nt which may be requining such consent.		
	Applicant's signature	e (including minor)	Date	 Pa	arent/Guardian's Signa	ture	Date
		ocument in writing,	delivere		ll be continual and sha of the Board of Directo		
	Executed this	day of	, :	20			
	Applicant's signature (including minor)		Pa	arent/Guardian's Signa	ature		
	Printed name of Applicant			Pr	int name of Parent/Gu	uardian	-
	Relationship to App	licant					

Any special interest/talents? (i.e., photography,

roping, etc.)