



 Saddles of Joy, Inc.

Community Service Application
"Where Horses Help Humans Heal"

 Applicant Information

Full Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Under 18 Years of age: Yes No

If yes:

Parent/Guardian Name: _____

Relationship to Applicant: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

Parent/Guardian Address (if different): _____

 Community Service Requirement

Are you completing court-ordered, required or organization community service? Yes No

If yes, please provide details:

Organization / Court Name: _____

Total Hours Required: _____

Deadline to Complete Hours: _____

Type of Offense (if applicable): _____

Do you have paperwork that needs to be signed? Yes No

US Military / Service Hours

Are you completing volunteer hours for military service or a military-related program? Yes No

If yes, please provide details:

Branch of Service: _____

Unit / Command (if applicable): _____

Are hours required or voluntary? Required Voluntary

Total Hours Needed (if applicable): _____

Deadline to Complete Hours: _____

Supervisor / Point of Contact (Name & Phone/Email):

Do you need official documentation or signatures for verification? Yes No

Areas of Service Interest (Check all that apply)

- Ranch Work (cleaning stalls, feeding animals)
- Grounds Maintenance (cleaning, repairs, outdoor work)
- Event Setup / Cleanup
- Assisting with Programs (if approved)
- Administrative Support
- Other: _____

Availability

Days Available: Mon Tue Wed Thu Fri Sat Sun

Times Available: Morning Afternoon Evening

Work Capability

Special skills or certifications (CPR, First Aid, etc.): _____

Are you physically able to perform outdoor labor (lifting, walking, bending)? Yes No

Do you have any restrictions we should be aware of? Yes No

If yes, please explain:

 Transportation

Do you have reliable transportation? Yes No

 Background Information


Note: Certain offenses may disqualify participation for safety reasons.

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

 Statement of Intent

Why are you interested in volunteering with Saddles of Joy?

 LIABILITY WAIVER & ASSUMPTION OF RISK

I understand that participation in activities at Saddles of Joy, Inc. involves inherent risks, including working around horses, animals, uneven terrain, and outdoor conditions that may result in injury or harm. Initials: _____

I voluntarily assume all risks and agree to release, waive, and hold harmless Saddles of Joy, Inc., its directors, officers, staff, volunteers, and affiliates from any liability arising from my participation. Initials: _____

I understand that:

- Horses are unpredictable animals. Initials: _____
- I must follow all safety rules and instructions. Initials _____
- Failure to comply may result in dismissal Initials: _____

 Arizona Equine Liability Notice

Under Arizona Revised Statutes § 12-553, an equine owner or agent is not liable for injury or death resulting from the inherent risks of equine activities. Initials: _____

 PHOTO / VIDEO RELEASE

I grant Saddles of Joy, Inc. permission to use my image, likeness, voice, and/or video recordings for promotional and educational purposes, including social media, website, and printed materials.

I understand:

- No compensation will be provided.
- Materials may be used indefinitely.

Photo/Video Consent:

- YES, I give permission
 NO, I do not give permission
-

 Agreement & Signature

I certify that the information provided is true and complete. I agree to follow all rules and understand that failure to do so may result in termination of my community service placement.

Printed Name: _____

Signature: _____

Date: _____

 Office Use Only

Date Received: _____

Notes:
