



Welcome to Shadow Wing Ranch. Thank you for your interest in volunteering or becoming a staff member. We value the time, commitment, and expertise people bring to Shadow Wing Ranch and look forward to knowing you. All volunteers/staff are required to fill out the following forms, including a Washington State Background Check form, be at least 15 years old and attend a mandatory volunteer training session (if helping with classes). Please call to sign up for the next volunteer training at 206-353-9061.

Volunteer Staff/Information Form and Health History

General Information

Name: _____

Address: _____

Date of Birth: _____ Phone: (H) _____

(W) _____ (C) _____

Employer/School _____

Address: _____

Parent/Legal Guardian/Address/Phone Number:

How did you hear about the program? _____

Last tetanus shot _____
(Consult your health provider if you are not up to date with tetanus shot)

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program.

A. Please circle yes or no to the following questions if you are interested in volunteering for class sessions. If not, go to C.

Sessions with participants and horses generally last 2 hours.

Are you able to stand, sit and/or walk for 2 hours? Yes No

Are you able to tolerate the summer heat and/or sudden changes in temperature? Yes No

Are you able to engage in conversation with a participant? Yes No

If you needed to move quickly, would you be able to do so? Yes No

Do you have any anxiety or fear being around horses? Yes No
If so, why?

B. Please circle those that apply. Do you prefer to work with ages:

5 – 7 year olds? 8 – 10 year olds? 11 – 13 year olds?

over 14 years old?

C. There are several other ways to volunteer at Shadow Wing Ranch. Please check those that interest you.

_____ Horse Care (cleaning sheds, paddocks, scrubbing buckets, etc.)

_____ Help organize August Garage Sale/ Bake Sale Fundraiser

_____ Newsletter

_____ Recruit volunteers (spread the word)

_____ Facility Care (help putting panels up, picking up pastures, drag arena, paint sheds, etc.)

_____ Public Relations (help circulating fliers, brochures, photography/ video, etc.)

_____ Administrative (spreadsheet with contacts, Grant Writing, check standards with Karen, etc.)

_____ Become a board member

_____ Help organize Volunteer potluck

_____ Other:

Volunteer/Staff Information Continued...

Name: _____

Address: _____

Phone: _____

Photo Release (fill in the circle)

I **DO** consent to and authorize the use and reproduction by Shadow Wing Ranch of any and all photographs taken of me for promotional material, educational activities, exhibitions, social media or for any other use for the benefit of the program.

I **DO NOT** consent to and authorize the use and reproduction by Shadow Wing Ranch of any and all photographs taken of me for promotional material, educational activities, exhibitions, social media or for any other use for the benefit of the program.

Signature _____ Date: _____

Background Information

Have you ever been charged or convicted of a crime? Yes No
Please explain if yes (use back if necessary):

I, _____ (volunteer/staff),
authorize **Karen Jackson, Program Director at Shadow Wing Ranch**, to
receive information from any law enforcement agency, including police
departments and sheriff’s departments, of WA state or any other state or federal
government, to the extent permitted by state and federal law, pertaining to any
convictions I may have had for violations of state or federal criminal laws,
including but not limited to convictions for crimes committed upon children or
animals.

I understand that such access is for the purpose of considering my application as
an employee/volunteer, and I expressly DO NOT authorize Shadow Wing Ranch,
its directors, officers, employees or other volunteers to disseminate this
information in any way to any other individual, group, agency, organization or
corporation.

Signature: _____ Date: _____
(volunteer/staff)

CURRENT DRIVER’S LICENSE Yes No
LICENSE NUMBER _____ STATE _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at
Shadow Wing Ranch is confidential and will not be shared with anyone without
the expressed consent of the participant and his/her parent/guardian in the case
of a minor.

Signature _____ Date: _____
(volunteer/staff)

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WARNING: Under Washington Law, an equine activity sponsor or 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. Revised Code of Washington 4.24.54