

# Volunteer Information Sheet

## Paradise Ranch

2822 Paradise Lane  
Springfield, TN 37172

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Age (if under 21): \_\_\_\_\_  
City/ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Notify in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_  
Do you have any physical limitation? Yes \_\_\_ No \_\_\_  
If yes, Please Specify: \_\_\_\_\_

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Can you walk for 60 minutes and jog for short distances? Yes \_\_\_ No \_\_\_  
Do You have experience with horses? Yes \_\_\_ No \_\_\_  
If yes, Please Specify: \_\_\_\_\_

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*Attended Volunteer Training: No \_\_\_ Yes \_\_\_ Date: \_\_\_\_\_*

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Do You have skills or training which may be of benefit (Special Ed., CPR, RN, etc.)? \_\_\_\_\_

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Please check below your areas of interest:

___ Mount Leader	___ To be a Substitute
___ Side Walker	___ Organize Volunteer Schedule
___ Grooming & Preparing Horses	___ Campfire Stories/Singing
___ Typing/Office Help	___ Provide Refreshments
___ Fund Raising	___ Serve Refreshments
___ Telephone Calling	___ Assist with Exotic Animals
___ Publicity: Contacting Organizations, writing articles, etc.	

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Please fill in the blanks with times you would be available as a regular volunteer:

Spring Session: _____	Afternoon Session _____	Tues. _____	Thurs. _____
(Apr & May) _____	Evening Session _____	Tues _____	Thurs. _____
Fall Session: _____	Afternoon Session _____	Tues _____	Thurs. _____
(Sept & Oct) _____	Evening Session _____	Tues _____	Thurs. _____

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*By signing below, I affirmatively state that I understand that as a volunteer at Paradise Ranch, I agree to release, discharge and hold harmless all instructors, therapists, horse owners, staff, or any and all other parties, agents, employees or representatives involved with Paradise Ranch from Liability for all manner of claims, demands and damages I may have, whether for property damage or personal injury, resulting from or in any way arising out of my participation as a volunteer for Paradise Ranch.*

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Signed By: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent's Signature if under 21: \_\_\_\_\_ Date: \_\_\_\_\_