

# WINGS OF EAGLES RANCH

4800 Faith Trails ♦ Concord, NC 28025 ♦ (704)784-3147

For office use only:

GM: \_\_\_\_\_

R: \_\_\_\_\_

## Volunteer Application 2024

(Please print legibly)

Application Date: \_\_\_\_\_ Attended Volunteer Training: \_\_\_\_\_

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

(If volunteer is under the age of 18)

Mom Cell: \_\_\_\_\_ Dad Cell: \_\_\_\_\_

School you attend: \_\_\_\_\_ School Advisor: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Therapeutic Riding (Check time and session you're volunteering for)

#### My available times are:

Tue  3pm  4pm  5pm  6pm

Wed  10am  11pm  12noon

Thu  3pm  4pm  5pm  6pm

*(No 6pm classes in Winter Session)*

	Winter Session....January 15th– February 29th
	Spring Session....March 18th – May 2nd
	Fall Session.....September 16th – October 31st

	Horse Lovers Camp	May 29 <sup>th</sup> – June 1st	8:00am – 5:30pm
	Adventure I Camp	June 10 <sup>th</sup> - June15th	7:30am – 3:30pm
	Adventure II Camp	June 24 <sup>th</sup> – June 28th	7:30am – 3:30pm
	Adventure III Camp	July 8 <sup>th</sup> – July 12th	7:30am – 3:30pm
	Adventure IV Camp	July 22 <sup>nd</sup> – July 26th	7:30am – 3:30pm

**Summer Camps (Please check which/how many camps you can volunteer at)**

#### T-Shirt Size:

Adult T-Shirts  Small  Medium  Large  XL  XXL  XXXL

# **Experience: Camp and/or Therapeutic Riding**

Wings of Eagles Ranch Camp/Therapy Session:  Yes  No # of years\_\_\_\_\_

Other Camps/Therapeutic Riding Facilities Experience?  Yes  No # of years\_\_\_\_\_

If yes, where did you work: \_\_\_\_\_ Job description: \_\_\_\_\_

## **Horse Experience**

Do you ride?  Yes  No Frequency?  Weekly  Monthly  Yearly

Barn: \_\_\_\_\_ Trainer: \_\_\_\_\_

Do you own a horse?  Yes  No Do you ride?  Western or  English

## **Do you have any of the following certifications/degrees/licensures?**

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Certified Nursing Assistant | <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> EMT                         | <input type="checkbox"/> Lifeguard        |                                      |
| <input type="checkbox"/> Ropes Course Facilitator    | <input type="checkbox"/> CPR/First Aid    |                                      |

## **What would be your preferred interest at *camp*/therapy sessions?**

Please understand that Wings of Eagles Ranch has the right to place volunteers in positions that we feel are best suited to the overall success of the camp.

*Group Leader (Over 21)*  *Counselor (Age 16 +)*  *Art*  *Photography*

*High Ropes Facilitator (Age 18 +) Experience:* \_\_\_\_\_

*Outdoor Adventures Facilitator (Age 18+) Experience:* \_\_\_\_\_

*Camp Babysitter Experience:* \_\_\_\_\_

**Barn Helper (Age 13 +) (Barn Maintenance Cleaning/Grooming/Tacking)**

Side walker (Age 14 +)

Horse Leader (Must have horse experience & actively ride)

Grounds Maintenance Crew

## **Do you have experience in any of the following areas?**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Team Building      | <input type="checkbox"/> Music/Puppetry/Drama | <input type="checkbox"/> Audio Visual Equipment |
| <input type="checkbox"/> Low Ropes Courses  | <input type="checkbox"/> Photography          | <input type="checkbox"/> Art                    |
| <input type="checkbox"/> High Ropes Courses | <input type="checkbox"/> Fishing              | <input type="checkbox"/> Boy Scouts/Girl Scouts |
| <input type="checkbox"/> Other _____        |   |   |

## **Tell us about other activities/hobbies you like to do:**

\_\_\_\_\_  
\_\_\_\_\_

# Authorization for Emergency Medical Treatment

Allergies to Medications: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

## **Emergency Contact**

Name:	Relation:	Phone #
Name:	Relation:	Phone #

## **Allergic Reactions**

Do you have an allergic reaction to bug bites or bee stings?  Yes  No

If stung by a bee, do you give us permission to administer liquid Benadryl?  Yes  No

If **NO**, please suggest form of treatment or alternative medication: \_\_\_\_\_

Do you allow Wings of Eagles Ranch to administer Advil/Tylenol?  Yes  No

## **Health History**

Explain

Yes No

Had any recent injury, illness, infectious disease?			
Have frequent headaches?			
Do you have allergies? To What?			
Ever had a seizure/epilepsy?			
Ever feel dizzy during or after exercising			

## **Medical Consent Plan**

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Wings of Eagles Ranch to: Secure and retain medical treatment and transportation if needed. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

## **Consent**

This authorization includes x-ray, surgery, hospitalization, medication (includes Benadryl), and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

**Date:** \_\_\_/\_\_\_/\_\_\_ **Consent Signature:** \_\_\_\_\_

**Volunteer, Parent, or Legal Guardian**

***For grant purposes only (We appreciate your help with this information)***

Ethnicity:  Hispanic  Not Hispanic

Black or African American  Multiracial  Asian  White  Native American  Other \_\_\_\_\_

Place of Employment: \_\_\_\_\_

County:  Cabarrus  Rowan  Stanley  Mecklenburg  Union  Iredell

## **Background Check**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

### **References – Must be non-family member and over the age of 25.**

Mandatory for all Volunteers regardless of age.

Reference #1 Name/Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Reference #2 Name/Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Reference #3 Name/Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

### **Criminal History - 18 years and over**

Have you ever been convicted of a crime other than a traffic violation?       Yes     No

If yes, please describe:

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I hereby authorize Wings of Eagles Ranch to contact any references listed herein to verify all information provided and to obtain any and all information related to my character and past work performance. I further hereby release all references from any liability of information provided in good faith.

The information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in the Wings of Eagles Ranch Therapeutic Horseback Riding and Outdoor Adventures program.

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**I Agree to allow my child to participate in all the activities at the Wings of Eagles Ranch Summer Camp** \_\_\_\_\_

Parents/Guardian Signature

Dated

# WINGS OF EAGLES RANCH

## RELEASE AND INDEMNIFICATION AGREEMENT

STATE OF NORTH CAROLINA §  
§ KNOW ALL MEN BY THESE PRESENTS:  
COUNTY OF CABARRUS §

THAT for and in consideration of the undersigned being permitted on and at the WINGS OF EAGLES RANCH a North Carolina non-profit corporation, (hereinafter the "Ranch") situated in Cabarrus County, North Carolina, for the purpose of engaging in equine activities as that term is defined in NC ST § 99E-1(1) and NC ST § 99E-1(3), the undersigned agrees that he/she shall engage in equine activities at his/her own risk and accepts the inherent risks of equine activities or other activities thereon including, but not limited to, running, biking, zip line, climbing, skeet shooting, water related activities at the pond, swimming pool, high and low rope activities, overnight stays or other activity thereon, the undersigned agrees that he shall enter onto the Ranch property at his/her own risk and accepts such Ranch property in its present condition and CHRISTINE CRONIN , Wings of Eagles Ranch, their spouses, agents, employees, heirs, executors, administrators, the Board of Directors, volunteers, successors and assigns, jointly and severally (herein collectively "Releasees") shall not be liable to the undersigned or to the spouses, heirs, agents, employees, servants, guests, invitees or assigns of the undersigned for damages or personal injuries which may arise out of the undersigned venturing upon the Ranch property for the purpose of activities thereon including, but not limited to, equine activities, running, biking, zip line, climbing, skeet shooting, water related activities at the pond, swimming pool, high and low rope activities, overnight stays or other activity thereon, or in using or exercising any rights, privileges and benefits extended by Releasees to the undersigned on or about the Ranch or Ranch property (whether such damages or personal injuries are caused by natural or un-natural conditions existing on the Ranch property and whether such damages or personal injuries, including disease, Covid-19, which are caused by man, beast, fowl, insects, reptiles and other animals, including but not limited to wild pigs, bobcats, horses, deer, dogs, cats, skunks, squirrels, ticks, fleas, snakes, and Acts of God i.e. weather and tree falls or other animals or insects) and **the undersigned represents that he has inspected the Ranch and Ranch property and accepts entry thereon in its present condition and agrees to RELEASE, ACQUIT, HOLD HARMLESS and FOREVER DISCHARGE Releasees, their spouses, agents, servants and employees and all persons, natural or corporate, in privity with them or any of them, from any and all claims or causes of action of any kind whatsoever, including claims and damages arising in whole or in part from the negligence of Releasees whether that negligence is the sole or contributory cause of the resultant injury, death or damage, at common law, statutory or otherwise, which the undersigned has or might have, known or unknown, now existing or that might arise hereafter, directly or indirectly attributable to the use and occupancy of the Ranch for the purpose of any and all activities, and the undersigned further agrees to INDEMNIFY AND HOLD RELEASEES HARMLESS FROM AND AGAINST ANY AND ALL SUITS, ACTIONS, LOSSES, DAMAGES, CLAIMS, OR LIABILITY OF ANY CHARACTER, TYPE, OR DESCRIPTION, INCLUDING ALL EXPENSES OF LITIGATIONS, COURT COSTS, AND ATTORNEY'S FEES FOR INJURY OR DEATH TO ANY PERSON OR INJURY TO ANY PROPERTY, RECEIVED OR SUSTAINED BY ANY PERSON OR PERSONS OR PROPERTY, ARISING OUT OF OR OCCASIONED BY, DIRECTLY OR INDIRECTLY, THE UNDERSIGNED VENTURING UPON THE RANCH FOR THE PURPOSE OF ANY AND ALL ACTIVITIES THEREON, INCLUDING CLAIMS AND DAMAGES ARISING IN WHOLE OR IN PART FROM THE NEGLIGENCE OF RELEASEES. IT IS THE EXPRESS INTENT OF THE PARTIES TO THIS AGREEMENT THAT THE INDEMNITY PROVIDED FOR HEREIN IS AN INDEMNITY EXTENDED BY THE UNDERSIGNED TO INDEMNIFY AND PROTECT RELEASEES FROM THE CONSEQUENCES OF RELEASEES "OWN NEGLIGENCE" WHETHER THAT NEGLIGENCE IS THE SOLE OR CONTRIBUTORY CAUSE OF THE RESULTANT INJURY, DEATH, OR DAMAGE.**

The undersigned further agrees to defend, at his own expense, and on behalf of Releasees, and in the name of Releasees, any claim or litigation brought in connection with any such injury, death or damage, except that Releasees shall be entitled to select their respective counsel, however, the cost for such defense shall be paid for solely by the undersigned.

This Release and Indemnification Agreement and all contents herein, are expressly made binding upon and shall inure to the detriment of the heirs, legal representatives, administrators, executors, appointees, legatees, devisees, trustees, successors and assigns of each of the undersigned hereto, and their children, wards or issue.

### **WARNING**

**UNDER NORTH CAROLINA 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 EXCLUSIVELY FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. CHAPTER 99E OF THE NORTH CAROLINA GENERAL STATUTES.**

### **Please fill out in its entirety**

**I understand and will abide by all Ranch Rules.**

**Photo Release:  DO  DO NOT**

Consent to and authorize the use and reproduction by Wings of Eagles Ranch of any and all photographs and any other audio/visual materials taken for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Executed the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Rider/Volunteer/Guest Name:** \_\_\_\_\_

**✓ Signed:** \_\_\_\_\_

**(If under 18, Parent or Legal Guardian)**

**Driver's License #** \_\_\_\_\_