

WINGS OF EAGLES RANCH

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

For office use only:

GM: _____

R: _____

Volunteer Application 2025 (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 13 th – February 27 th , 2025
	Spring Session – March 17 th – May 1 st , 2025
	Fall Session.....September 8 th – October 23 rd , 2025

	Adventure I Camp	June 9 th – June 13 th	7:30am – 3:30pm
	Adventure II Camp	June 23 rd – June 27 th	7:30am – 3:30pm
	Adventure III Camp	July 8 th – July 11 th	7:30am – 3:30pm
	Adventure IV Camp	July 21 st – July 25 th	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)

<p>Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic</p> <p><input type="checkbox"/> Black or African American <input type="checkbox"/> Multiracial <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other _____</p> <p>Place of Employment: _____</p> <p>County: <input type="checkbox"/> Cabarrus <input type="checkbox"/> Rowan <input type="checkbox"/> Stanley <input type="checkbox"/> Mecklenburg <input type="checkbox"/> Union <input type="checkbox"/> Iredell</p>
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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:

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.

WINGS OF EAGLES RANCH

RELEASE AND INDEMNIFICATION AGREEMENT

STATE OF NORTH CAROLINA §

§

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF CABARRUS §

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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 # _____