

Whispering Hope Ranch Ministries Volunteer Application

PLEASE FILL OUT ALL APPLICABLE INFORMATION - PRINT NEATLY

Full Name: _____ Date of Birth: ____/____/____

Home address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Emergency contact name: _____

Emergency contact phone: _____

Email address: _____

Tee shirt size: S____ M____ L____ XL____

List any physical limitations, allergies, or special dietary needs:

*Please note: Weight limit for riding is 225lb

Are you CPR certified? YES/NO Expiration date: _____

Information required for mandatory background check:

Social security: _____

Driver's License: _____

State of Issue: _____

List any conviction you have other than minor traffic violation:

How did you hear about Whispering Hope Ranch Ministries? _____

What interests you about volunteering at the Ranch? _____

IMPORTANT:

The information in this application is correct to the best of my knowledge. I authorize investigation of all statements herein and release Whispering Hope Ranch Ministries and all others from liability in connection with the same. I also understand that untrue, misleading, or omitted information herein may result in dismissal regardless of the time of discovery. I authorize the use of photographs or videotape pictures of myself to be reproduced and utilized by Whispering Hope Ranch Ministries. I further state that **I have carefully read the foregoing release, know the contents thereof, and sign this release as my own free act.** This is a legally binding agreement.

In signing this application I authorize Whispering Hope Ranch Ministries and its appointed agents to conduct a criminal history/background check.

Signature _____ Date: _____