

Childcare Program Volunteer Application

Name:				Address:		
Phone #:				City:		
Email:				Zip:		
Emergency Contact (Name, Phone #):						
Please list any experience you have with disabled children:						
Why do you want to volunteer with the Ivey Ranch Children's Program?						
When would you be interested in working?						
Monday 2pm- 6:30pm	Tuesday 2pm- 6:30pm	Wednesday 2pm-6:30pm	Thursday 2pm- 6:30pm	Friday 2pm- 6:30pm	Saturday 9am-5pm	Sunday N/A
Do you have any other skills which may be of benefit to the volunteer program (CPR/First Aid Certification, foreign language, related higher education)?						
Do you have current CPR/First Aid Certification?						
TB test clearance is required for all volunteers. Can you provide proof of TB test clearance within the last year?						
Volunteers working more than 4 hours per week are required to pass a criminal background check. Are you willing to submit to a live scan fingerprint check?						
Have you ever been convicted, pleaded guilty or no contest to a crime?						
If yes, please explain:						

**Ivey Ranch Park Association
Equestrian Program**

WAIVER OF LIABILITY FOR STAFF MEMBERS OR VOLUNTEERS

I hereby waive any right or cause of action arising as a result of my own or my child's participation in the Ivey Ranch Park Association Equestrian Program from which any liability may or could accrue against Ivey Ranch Park Association, or the officers, staff, volunteers, and associates collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damage to my property sustained in connection with my activities for the Ivey Ranch Park Association Equestrian Program.

In consideration of the acceptance of myself or my child's participation in the program listed above, I hereby, for myself, my heirs, executors, administrators, and assignees, release, waive, and/or forever discharge any and all rights and claims for damages that may be suffered by me or my child as a result of preparation for, or participation in, the equestrian program. I recognize the risks associated with my/his/her participation in the program and specifically agree to indemnify and hold harmless Ivey Ranch Park Association; including any members, any employee, all program participating individuals associated with Ivey Ranch Park Association, any promoter, sponsor, or subcontractor whose facilities and/or services are being used for this program, from any and all injuries or damages arising from, or in any way contributed to, my or my child's participation in this program.

I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified (or the contact I have listed) as soon as possible in case of any emergency affecting me or my child. In the event I cannot be reached (or the contact I have listed) in an emergency, I hereby authorized the directions listed on the Emergency Medical Treatment Form to be followed.

I also hereby authorize and consent that Ivey Ranch Park Association has the right to copyright, publish, use, sell or assign any and all photographic pictures, videotapes and/or sound recordings taken or made of me or the youth mentioned below in which I or the youth mentioned below may be included in whole or part. I grant permission to allow these images and/or recordings to be put to legitimate use at the discretion of Ivey Ranch Park Association. I relinquish all rights, title, or interest to any furnished products, reproductions or facsimiles.

I, the participant, parent, guardian, or legal custodian of the minor participant, do hereby assent to above waiver and release and agree to all terms as stated above.

Participant's Printed Name: _____ D.O.B. _____

Participant's Sex: Male or Female (Please circle one)

Adult Signature: _____ Date: _____
(Self, Parent, or Guardian)

Signatories Printed Name: _____ Relationship: _____

Email: _____ Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

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