

# SWEET VALLEY RANCH GIVES BACK VOLUNTEER FORM

**IMPORTANT:** This form must be filled out & returned (email to svrgivesback@surgeon-associates.com) before you can volunteer  
**VOLUNTEERS MUST BE A MINIMUM OF 16 YEARS OLD**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt size \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency contact phone # \_\_\_\_\_ School \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Concerns \_\_\_\_\_

**Availability:**

What days and times are you available to volunteer? \_\_\_\_\_

**Volunteer Experience:**

-Do you have Previous Volunteer Experience? \_\_\_\_\_

- Relevant Skills or Expertise: \_\_\_\_\_

**Interests and Motivation:**

- Why are you interested in volunteering at Sweet Valley Ranch? \_\_\_\_\_

- What do you hope to gain from this volunteer experience? \_\_\_\_\_

- How do you believe your skills and experience align with our organization's mission? \_\_\_\_\_

**References:**

- Please provide the names and contact information of two references who can speak to your character, reliability, and ability to work well in a team.

1. \_\_\_\_\_

2. \_\_\_\_\_

**Acknowledgement and Assumption of Risk**

Sweet

Valley Ranch is a working farm with animals and farm equipment. I understand the dangers and risks associated with Volunteering and assume personal responsibility for the risks involved. I understand that all reasonable and customary safety measures will be performed to prevent injury or harm to our volunteers. I will hold harmless Sweet Valley Ranch from all claims, suits, or actions of any kinds, for personal injury or otherwise, related to my Volunteering.

I understand that as a volunteer at Sweet Valley Ranch, I will be expected to adhere to the organization's policies and procedures, maintain confidentiality, and treat all individuals with respect and dignity.

I am passionate about making a positive impact in the community and believe that volunteering at Sweet Valley Ranch will provide me with the opportunity to do so. I am committed to dedicating my time and efforts to support your organization's mission and goals.

Printed Name \_\_\_\_\_

Signed Name: \_\_\_\_\_

**If Participant is under the age of 18**

Parents Name: \_\_\_\_\_

Parents Signature \_\_\_\_\_

**PHOTOGRAPHY CONSENT FORM/RELEASE**

I, (print name) \_\_\_\_\_, parent or official guardian of (Teens name) \_\_\_\_\_ hereby grant permission to Sweet Valley Ranch Gives Back, to take and use: photographs and/or digital images of my child for use in news releases and/or educational material as follows: printed publications or materials, electronic publications, or websites such as Facebook. I agree that my Teen's name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me.

DATE: \_\_\_\_\_

Signature of parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone number: \_\_\_\_\_