



Volunteer Application

Mountain Shadows Equine Revival Sarah Buckhold CEO (530)514-9672 Daree Altergott Registered Wyoming Agent (970)590-3260	Ranwell Equine Center 1138 Welsh Lane Laramie, Wyoming 82072 (307)314-5779 Tyrel Powell Director Shana Lyons Equine Manager
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GENERAL INFORMATION

Name: _____ Date: _____

Phone Number: _____

Email: _____

Address: _____ City: _____

State: _____ ZIP: _____

When can you start volunteering? _____

Are you 18 years of age or older? YES ☐ NO ☐

If no, Parent/Legal Guardian will need to sign the liability waiver, the In Case of Emergency form, and Barn rules form as well.

Birthday: _____

Have you ever applied here before? YES ☐ NO ☐ If yes, when? _____

Have you ever volunteered here in the past? YES ☐ NO ☐

Have you ever been convicted of any law violation? (exclude minor traffic violations) Include any plea of "guilty" or "no contest." YES ☐ NO ☐ If yes, give details:

(A conviction will not necessarily disqualify an applicant, but a background check will be performed before approval)

Do you or your parent/legal guardian have a valid driver's license? YES ☐ NO ☐

Name on Driver's License: _____

Driver's License Number: _____ Class: _____ State: _____

Have you had a driver's license suspended or revoked in the last 3 years? YES ☐ NO ☐

If yes, give details:

EDUCATION

Name and Address of Schools	Number of Years Completed	Diploma, Degree, Certificate	Subjects studied
High School/GED			
College			
Technical/Vocational			

Please fill in all that applies to the volunteer. We understand that some of these categories may not apply to someone under the age of 18.

What have you enjoyed most about your previous volunteer work?

What have you enjoyed the least about your previous volunteer work?

What are your expectations as a MSER volunteer?

Describe any physical limitations that may affect your ability to perform certain tasks:

VOLUNTEER EQUINE EXPERIENCE

Please read over the volunteer levels below and select the one that best applies to you and your experience level. **All volunteers have the ability to move up in levels, based on training, experience and time spent with MSER.**

Level 1: Assistant	Maintenance, cleaning/mucking stalls, cleaning/conditioning tack, event tabling, fill/clean waters, stack hay, groom horses If not interested in working directly with the horses, but wish to help in social outreach, funding acquisition, or operation of the rescue, select this level.
Level 2: Feeding	Help higher level volunteer feed horses, with training can feed alone, and turn out horses. This includes previous level(s) responsibilities
Level 3: Exercising	Exercise trained horses on the ground or in saddle under supervision of a trainer, and care for horses at events/shows. This includes previous level(s) responsibilities.
Level 4: Training	Lead or supervise volunteer sessions, train horses using natural horsemanship methods, be able/willing to ask for help if needed and take suggestions, must be able to volunteer at least two times a week. This includes previous level responsibilities.

Chosen Level: _____

Reasons behind selecting this level:

If you have selected any level other than Level 1, please provide a reference down below who is familiar with your horse experience. You must also be willing to pass a hands on equine proficiency assessment.

If you have selected a Level 3 or Level 4, **you must submit a riding/training video** along with this application. These can be submitted through facebook messenger (Mountain Shadows Equine Revival), a private youtube video, or google drive (mountainshadowsequine@gmail.com). If you need assistance with getting the video to us, please contact us.

WORK HISTORY

Please provide names of employers in consecutive order with present or most recent employer listed first.

Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Please Note: an offer for a volunteer position may be contingent upon acceptable references

Name of Employer/Business	Years worked	Contact information (phone, email, etc)	May we contact? (Y/N)

Have you worked or attended school under any other names? YES ☐ NO ☐

If yes, give names:

Are you presently employed? YES ☐ NO ☐

If yes, whom do you suggest we contact?

Have you ever been fired from a job or asked to resign? YES ☐ NO ☐

If yes, please explain:

REFERENCES

Give three references, not a relative.

Level 2 or higher volunteers please provide one or more references that is familiar with your horse experience.

1.

Name: _____

Email: _____

Mailing Address:

_____ State: _____ Zip: _____

Relationship: _____

2.

Name: _____

Email: _____

Mailing Address: _____

_____ State: _____ Zip: _____

Relationship: _____

3.

Name: _____

Email: _____

Mailing Address: _____

_____ State: _____ Zip: _____

Relationship: _____

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all information provided in this volunteer application is true and complete. I understand that any false or missing information may disqualify me from further consideration, and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application.

I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision.

I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination.

I hereby consent to a pre- and/or post-volunteering drug screen as a condition of volunteering, if required.

I UNDERSTAND THAT THIS APPLICATION OR VERBAL STATEMENTS BY MANAGEMENT DO NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF VOLUNTEERING NOR GUARANTEE A VOLUNTEER POSITION FOR ANY DEFINITE PERIOD OF TIME. I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF MOUNTAIN SHADOWS EQUINE REVIVAL AND MAY BE DISMISSED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

Signature parent or legal guardian: _____ Date: _____

(If volunteer is under 18 years of age)