



**Rainbow Meadows  
Equine Rescue and Retirement, Inc.**  
1949 Dalton Road  
Sedan, KS 67361  
Phone: (620) 725-3402

## APPRENTICE VOLUNTEER APPLICATION

*(Must be 12 – 17 years of age)*

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_

Student:  Yes  No If a student, what grade or year: \_\_\_\_\_

*\*NOTE: if you are 12 through 17 years of age, you must have a parent or legal guardian who agrees to be your on-site sponsor. They must complete an Adult Volunteer Application and be present and participate in all volunteer activities in which you intend to be involved. You must also have your parent or legal guardian sign the Parental Release on the back of this form.\**

Do you work?  Yes  No

If yes, please provide your current work schedule: \_\_\_\_\_

### Emergency Contact Info:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Please tell us why you would like to volunteer:

How many hours per week? \_\_\_\_\_ How many days per week? \_\_\_\_\_

All volunteers receive regular volunteer assignments that may or may not include work with the rescued or retired horses. Do you agree to perform all volunteer assignments to the best of your ability?  Yes  No

*By your signature below, you agree to supervision by appropriate representatives of Rainbow Meadows Equine Rescue and Retirement, Inc.*

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Rainbow Meadows Equine Rescue and Retirement, Inc.**

An IRS-designated 501(c)(3) public charity – contributions are tax deductible.

# PARENTAL RELEASE FOR ASSISTANT VOLUNTEER OR APPRENTICE VOLUNTEER ACTIVITIES

## Parent or Legal Guardian information

### Mother

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Father

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Legal Guardian

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

*By your signature you acknowledge that you desire for the minor child identified on the reverse to participate in appropriate volunteer activities for Rainbow Meadows Equine Rescue and Retirement, Inc. You also agree to be present with the child for all volunteer activities and assignments. Furthermore, you agree that the child will be under your personal supervision at all times. In addition, you acknowledge that you will absolve Rainbow Meadows Equine Rescue and Retirement, Inc., of any liability related to the participation of your minor child.*

\_\_\_\_\_  
Signature (mother)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (father)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (legal guardian)

\_\_\_\_\_  
Date