



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

## ASSISTANT VOLUNTEER APPLICATION

*(Must be 10-11 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: A parent or legal guardian must complete an Adult Volunteer Application and are the principal volunteer. Parent or legal guardian are solely responsible for on-site supervision of above named minor and by completion of the Parental Release on the reverse side of this form, are requesting the opportunity to allow minor child to participate as an assistant to their volunteer activities.\**

### Emergency Contact Info:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Relationship to minor child: \_\_\_\_\_

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 the signature of your parent or legal guardian, all parties agree to supervision by appropriate representatives of Rainbow Meadows Equine Rescue and Retirement, Inc.*

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
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