

# SONRISE VOLUNTEER APPLICATION

Please complete the following application if you are interested in long-term volunteering. It will be used to help provide a safe and secure environment for those who participate in our programs and use our facilities. It will also help to ensure the personal integrity of all who serve the children of SonRise. The information on this application will remain confidential. This is not an application for employment.



## CONTACT INFORMATION

Date of application: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Birth date: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name (if married): \_\_\_\_\_

Present Employer: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Please attach a picture of yourself here; you may include more pictures if you wish



## GENERAL

Why would you like to be a SonRise volunteer?

How did you hear about SonRise?

While SonRise is not a religious organization per se, our foundational principles are Christ centered. How do you feel about that?

Tell us about yourself, if you'd like . . . interesting facts, outstanding talents, funny stories, favorite foods, hobbies, certifications, awards, achievements, etc.



## EXPERIENCE

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Are you CPR or first aid certified? (helpful, but not required for application)

CPR expiration: \_\_\_\_\_ First Aid expiration: \_\_\_\_\_

Do you have experience with horses? If so, please explain.

Do you have any experience working with children? If so, please explain.

Of the skills you possess, which would you like to offer to the ranch?

Have you previously volunteered in another organization? If so, what were your duties?

As a volunteer, what do you feel are your strengths?



## AREAS OF INTEREST

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Sonrise has a variety of needs to ensure the success of our program. Please indicate areas where you would be interested in contributing your time:

- |   |   |
|---|---|
| <input type="checkbox"/> Horse Handler            | <input type="checkbox"/> Publicity/Media/Graphic Design |
| <input type="checkbox"/> Ranch Hand               | <input type="checkbox"/> Prayer Team                    |
| <input type="checkbox"/> Sidewalker               | <input type="checkbox"/> Fundraising                    |
| <input type="checkbox"/> Traveling Tails Team     | <input type="checkbox"/> Event Planning                 |
| <input type="checkbox"/> Team Equine Group Leader | <input type="checkbox"/> Grant Writing                  |
| <input type="checkbox"/> Office Work/Mailings     | <input type="checkbox"/> Photography/Videography        |



## SCHEDULE

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SonRise ranch work and horse care happens daily on weekday mornings. SonRise programs with the kids operate on Tue, Wed, and Fri afternoons. Traveling Tails trips are usually scheduled on weekday mornings. Please list the days of the week you would like to volunteer.

- |                                 |                                 |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> Mon AM | <input type="checkbox"/> Wed PM |
| <input type="checkbox"/> Mon PM | <input type="checkbox"/> Thu AM |
| <input type="checkbox"/> Tue AM | <input type="checkbox"/> Thu PM |
| <input type="checkbox"/> Tue PM | <input type="checkbox"/> Fri AM |
| <input type="checkbox"/> Wed AM | <input type="checkbox"/> Fri PM |



## PERSONAL INFORMATION

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If you prefer, you may discuss your answers to the following questions in person rather than answering them on this application. Answering “yes,” or leaving the question unanswered, will not automatically disqualify you as an applicant for volunteer work with our organization.

Have you been accused of and/or convicted of any felony?

Yes  No If yes, please explain:

Have you ever been convicted of child abuse or neglect, or a crime involving actual or attempted sexual molestation of a minor?

Yes  No If yes, please explain:

Is there any circumstance or pattern in your life that would make it inappropriate for you to serve as a volunteer at SonRise Equestrian Foundation, or would compromise the integrity of our organization?

Yes  No If yes, please explain:

Do you have any physical, mental or emotional conditions that would prevent you from performing certain types of activities related to working with children/youth?

Yes  No If yes, please explain:



## PERSONAL REFERENCES

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Give three personal references (not a relative) that you've known for more than 2 years.

1. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

Telephone Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Email (preferred): \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

Telephone Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Email (preferred): \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

Telephone Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Email (preferred): \_\_\_\_\_



## APPLICANT'S STATEMENT

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The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information (including opinions) they may have regarding my character, integrity and fitness for volunteering for SonRise Equestrian Foundation. I release all such references from liability for any damage that may result from furnishing such evaluations to SonRise Equestrian Foundation, providing they do so in good faith and without malice. I waive any right that I may have to inspect the references provided on my behalf. Should my application be accepted, I agree to follow the guidelines of SonRise Equestrian Foundation and to refrain from any questionable conduct.

### Confidentiality Agreement

I understand that all information about participants at SonRise is confidential and will not be shared with anyone without express written consent of the participant or their parent/legal guardian.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
*(If volunteer is under age 18)*

Please complete all forms in this application and send to:

SonRise Equestrian Foundation  
PO Box 3097  
Danville, CA 94526

or email to *SonRise@SonRiseKids.org*



## RANCH RULES FOR VOLUNTEERS

### *Please do...*

- ✓ dress modestly and wear long pants and close-toed shoes (boots are encouraged). No tank tops, shorts, or open-toed shoes.
- ✓ come to the ranch only during your scheduled SonRise shifts. The ranch is not open to volunteers at other times.
- ✓ talk to the program manager if you'd like to bring a friend or family member to visit. All visitors to the ranch must sign a liability waiver and schedule their visit ahead of time.
- ✓ make sure ranch gates are closed after you enter or depart.
- ✓ ensure that the family and friends of participating children do not wander the ranch unsupervised.
- ✓ always make sure you have another volunteer with you when working with a SonRise child.
- ✓ make sure a mentor is always present when a child is riding.
- ✓ be aware that there are ticks, insects, and poison oak at the ranch.
- ✓ report any incidents/issues to the SonRise staff.

### *Please don't...*

- X smoke.
- X hand-feed the horses.
- X touch horses that don't belong to SonRise.
- X ride or handle any SonRise horse without permission or supervision.
- X drive more than 5 mph around the ranch.
- X park in front of trailers or on the road. If you are not sure where to park, ask SonRise staff
- X chew gum.
- X use profanity.
- X run, shout, or throw items.
- X bring your dog.
- X leave food in the office.
- X wear headphones or hoods – it's a safety issue!

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*Signature*

*Date*

# LIABILITY RELEASE FORM

FOR

**SonRise Equestrian Foundation & Alicia Dayton, Leonids LLC, Chung Ping Wang, Cong Qin**

**(Collectively Referred to as this Stable) LOCATED AT 7101 Camino Tassajara, Pleasanton, CA 94588**

**PLEASE READ CAREFULLY BEFORE SIGNING.**

ALL VISITORS TO THE PREMISES MUST SIGN THIS WAIVER OF LIABILITY. SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN HORSE-RELATED ACTIVITIES OR OTHER ACTIVITIES AT THIS STABLE. THIS STABLE DOES NOT GUARANTEE YOUR SAFETY.

- A. **REGISTRATION OF PARTICIPANTS AND AGREEMENT PURPOSE**. In consideration of the signing of this agreement, I, the following listed individual, or the parent or legal guardians thereof if minor, do hereby voluntarily request and agree to participate in activities as a PARTICIPANT at THIS STABLE.

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

Age (If under 21) \_\_\_\_\_ Weight-over 180 lb. yes/no Horse experience: Beginner \_\_\_\_\_ over 10 hours \_\_\_\_\_

The rider has no known limitations that should exclude him/her from riding a horse. Initial \_\_\_\_\_

**NOTE: The weight limit is 60 lbs for the SonRise miniature horses and 70 lbs for the ponies. The enforcement of these limits shall be at the discretion of the lead SonRise volunteer or staff member.**

- B. **AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS** This agreement shall be legally binding upon me the participant and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all my minor children and personal representatives, and it shall be interpreted according to the laws of the state and county of THIS STABLE'S physical location. Any disputes by the participant shall be litigated in, and venue shall be in the county in which THIS STABLE is physically located. If any clause, phrase, or word is in conflict with state law, then that single part is null and void. The term "HORSE" herein shall refer to all equine species. The term "HORSEBACK RIDING" herein shall refer to riding or otherwise handling of horses, ponies, miniature horses, mules, or donkeys whether from the ground or mounted. The term "PARTICIPANT" shall herein refer to a person who visits the premises, rides a horse mounted, or otherwise handles or comes near a horse on the ground. The terms "I", "ME" "MY" shall herein refer to the above participants and the parents or legal guardians thereof if a minor.
- C. **ACTIVITY RISK CLASSIFICATION** I UNDERSTAND THAT: Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United Consumer Products) horse activities rank approximately 64<sup>th</sup> among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities.
- D. **NATURE OF THIS STABLE'S HORSES** I UNDERSTAND THAT: THIS STABLE chooses its horses for their calm dispositions and sound basic training as is required for use for student riders and THIS STABLE follows a rigid safety program. Yet, no riding horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from a horse to the ground it will generally be at a distance of from 3 ½ to 5 ½ feet, and the impact may result in injury to the rider. Horseback riding is the only sport where one much smaller weaker predator animal (human) tries to impose its will on, and become one unit of movement with another much larger, stronger prey animal with a mind of its own(horse) and each has a limited understanding of the other. If a horse becomes frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: stopping short, changing directions or speed at will, shifting its weight, bucking, rearing, kicking, biting, or running from danger.
- E. **RIDER RESPONSIBILITY** I AGREE THAT: Upon mounting a horse and taking up the reins the rider is in primary control of the horse. The rider's safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal. I agree that the rider shall be responsible for his/her own safety including that of an unborn child, if the rider is pregnant. Pregnant women should ride horses only at the advice of their physician. THIS STABLE advises pregnant women not to ride horses.
- F. **CONDITIONS OF NATURE AND INSPECTION OF PREMISES** I AGREE THAT: this stable is NOT RESPONSIBLE FOR TOTAL OR PARTIAL ACTS, OCCURANCES, OR ELEMENTS OF NATURE THAT CAN SCARE A HORSE, CAUSE IT TO FALL, OR REACT IN SOME OTHER UNSAFE WAY. SOME EXAMPLES ARE: Thunder, lightning, rain, wind and wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person, and irregular footing on out-of-door, groomed or wild land which is a subject of constant change in condition according to the weather, temperature, and natural and man-made changes in landscape. The participant or legal guardian have inspected THIS STABLE'S facilities and are satisfied that all premise conditions are reasonably safe for the participant's intended purpose, usage and presence upon THIS STABLE'S PREMISES.

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- G. **SADDLE GIRTHS/NATURAL LOOSENING** I UNDERSTAND THAT: saddle girths (saddle fasteners around the horse's belly) may loosen during a ride. If a rider notices this he/she must alert the riding instructor as quickly as possible so action may be taken to avoid slippage of saddle and a potential fall from the animal. I also understand that this stable may use equipment and tack that is not typical.
- H. **PROTECTIVE HEADGEAR** I AGREE THAT: I for myself and on behalf of my child and/or legal ward have been fully warned and advised by THIS STABLE that protective headgear which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 EQUESTRIAN HELMET must be worn while riding and being near horses and I do understand that the wearing of such headgear at these times may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall or other occurrences. I also understand that hairstyle may need to be altered in order to ensure proper fit of the helmet.
- I. **ACCIDENT/MEDICAL INSURANCE** I AGREE THAT: Should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for all such incurred expenses. My accident/medical insurance provider is \_\_\_\_\_ and my policy number is \_\_\_\_\_.
- J. **LIABILITY RELEASE** I AGREE THAT: In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein. I, the PARTICIPANT, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives, assigns, or any person whom I bring or invite to the ranch, or otherwise permit to be in the vicinity of any horse, do agree to hold harmless, release, and discharge THIS STABLE SonRise Equestrian Foundation (a non-profit public benefit organization), Alicia Dayton, Leonids LLC, Chung Ping Wang, Cong Qin and their owners, employees, volunteers, Board of Directors, agents, representatives, assigns, members, owner of the horse, owners of premises, and trails, affiliated organizations, and Insurers and any others acting on its behalf (hereinafter collectively referred to as "Associates") of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to THIS STABLE'S and/or ITS ASSOCIATES' ordinary negligence, and I do further agree that except in the event of THIS STABLE'S gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action against THIS STABLE and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage sustained by me and/or my minor child or legal ward in relation to the premises and operations of THIS STABLE, to include while riding, handling or otherwise being near horses owned by or in the care, custody and control of THIS STABLE, or any other activities associated with or conducted by these organizations, whether on or off the premises of THIS STABLE. I hereby waive and release THIS STABLE and ITS ASSOCIATES from liability of any nature, including but not limited to, injury, damage or other misfortune resulting during any activity which may take place at the ranch or at any other locations where SonRise activities are being conducted. I am fully aware that there is an element of risk of injury, damage or other misfortune associated with horse-related activities. I accept the risk of such activities, and undertake them voluntarily. In consideration of the permission to participate extended to me, and for the opportunity rendered by SonRise Equestrian Foundation, I do hereby for myself, heirs, personal representatives and agents forever release and discharge any claims, demands, actions or lawsuits that may occur as a result of negligent, but not reckless or intentional conduct, during participation of the above. I understand that THIS STABLE reserves the right, at the discretion of ITS ASSOCIATES, to ask me at any time to discontinue my participation or leave the premises.
- K. **MEDIA RELEASE** I, the PARTICIPANT (or parent/legal guardian), hereby release any and/or all rights to images/videos taken of me or my child for future use by SonRise Equestrian Foundation, its staff, founders, and/or Board of Directors for use in promotional publications, videos, books, newsletters, social media, etc. Initial \*Yes \_\_\_\_\_ No \_\_\_\_\_

**ALL PARTICIPANTS AND PARENTS OR LEGAL GUARDIANS MUST SIGN BELOW AFTER READING THIS ENTIRE DOCUMENT  
SIGNER STATEMENT OF AWARENESS**

I/WE THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT'S PHYSICAL CONDITION, EXPERIENCE AND AGE ARE TRUE AND ACCURATE.

PRINTED NAME OF RIDER \_\_\_\_\_ E-MAIL \_\_\_\_\_

SIGNATURE OF RIDER (if over 18) \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME OF PARENT OR GUARDIAN (if rider is under 18) \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN (if rider is under 18) \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

# Background Check Authorization

\*Please fill out all information completely, printing your answers in blue or black ink\*

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Other Name(s) Used: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State) (County)

Previous Address: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State) (County)

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_  
Issued: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **SonRise Equestrian Foundation** and its designated agents and representatives to conduct a comprehensive review of my background to be generated for employment and/or volunteer purposes. I understand that the scope of the report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **SonRise Equestrian Foundation** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. **\*\*SonRise Equestrian Foundation** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and date of birth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Notice to California, Minnesota and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.