



Volunteer Application

Date: _____

Full Name: _____ Date of Birth: _____

Home Address: _____

Email Address: _____

Phone #: _____ SSN: _____

Person to notify in case of accident or emergency:

Name Address Phone

Name Address Phone

Medical conditions or allergies: _____

Have you ever been arrested? If yes, please explain: _____

Have you ever been convicted of a crime? If yes, please explain: _____

Driver's License #: _____ Expiration date: _____

Reference: Please provide information for one reference. Reference can be from a pastor/minister, employer/professor, or close friend.

Reference Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____

E-mail: _____

Education:

High School	Date Graduated
-------------	----------------

College/University	Dates Attended	Graduation Date	Major
--------------------	----------------	-----------------	-------

Special Training or Skills: _____

Personal Life:

Do you have any physical limitations we should know about? If yes, please explain.

Why are you interested in working with at-risk children/youth?

What personal strengths do you have to offer that would be helpful in the ministry of HRYR?

In what areas do you think you will struggle in working with at-risk children/youth? Do you have any concerns? _____

I understand that:

1. The references I listed may be contacted by mail, telephone, or e-mail.
2. I am in no way obligated to perform any volunteer services.
3. The information I provided may be used to conduct a background check, to include driving records, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth.
4. The HRYP staff is not obligated to match me with a youth.
5. As a part of the enrollment processes, I will be asked to provide additional personal information prior to any recommendations for assignment.

Signature _____

Date _____

Volunteer Agreement and Release

Please Read Carefully as This Affects Your Legal Rights

I am a Volunteer, Not an Employee

I, _____, of my own free will, volunteer my time and service for the community or service activities of Hope Remains Youth Ranch and its clients and projects. My time and service are given without the expectation of pay or wages and I will not accept any form of compensation, benefits or other remuneration for this service. I understand that the activity is purely voluntary and I may withdraw from the activity at any time.

No Workers' Compensation or Medical Coverage is Provided

I understand that, as a volunteer, I am not an employee under any federal or state law and am not subject to workers' compensation or other insurance in the event of any injury or illness related to the performance of the activities, or entitled to any other employee right or employee benefit provided by organizational practice, policy, or state or federal law. **Each volunteer is required to have current medical or health insurance on file.**

Release from Liability

I hereby release and hold harmless (Hope Remains Youth Ranch) and their affiliates, owners, employees, management, boards, successors and related entities (collectively and individually referred to hereafter as "The Released Parties") from any and all liability resulting from claims of illness or injury, claims for compensation including minimum wage and overtime, and claims for employee benefits during or after the performance of my volunteer services, and any and all other claims, costs, or expenses which I incur as a result of my activities.

Without limiting the generality of the foregoing, I understand and agree that this Release discharges each of The Released Parties from any liability or claim that I may have against any of them with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my activities with respect to any projects or services I am involved in, whether caused by negligence or The Released Parties or otherwise. I also understand and agree that The Released Parties do not assume any responsibility for or obligation to provide financial assistance or any other assistance in the event of injury or illness.

Assumption of Risk

I understand that the volunteer work I am undertaking may include activities that may be hazardous. I hereby expressly assume the risk of injury or harm in any activity affiliated with Hope Remains Youth Ranch, whether caused by the negligence of any of The Released Parties or otherwise.

This agreement is an ongoing agreement. I agree that this agreement shall be governed by the laws of the state of South Carolina. In the event that any clause or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement, all of which shall continue to be enforceable.

Any change in my status must be preceded by a written agreement between me and the staff of Hope Remains Youth Ranch.

Volunteer/Mentor Signature

Date

Witness Signature

Date

Release Form for Hope Remains Youth Ranch

South Carolina - Warning - Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

Notice - This is an Equine Facility. All activities on these grounds are subject to the Equine Inherent Risk Law S.C. Code Annotated 47-9-7 By your presence on these grounds you have indicated that you have accepted the limits of liability resulting from inherent risks of equine activities.

Volunteers/Staff Section

Print Name of Staff/Volunteer _____ **Date** _____

Signature of Staff/Volunteer _____ **Date** _____

Insurance Name and Phone number _____

Emergency Contact Information (print)

Name _____ **Number** _____

Name _____ **Number** _____

Hope Remains Statement of Faith

The Bible:

The Bible to be the only infallible, inspired, authoritative Word of God. All Scripture is given by inspiration of God. It contains truth without any mixture of error. We accept its authority over every area of our lives. Through it we come to know God as revealed in the person of Jesus Christ.

God:

God is the creator of all things. There is one God, eternally existent in three persons: Father, Son and Holy Spirit. He is perfect, eternal, all knowing, all-powerful, and present everywhere. He revealed Himself through Jesus the Messiah, who was born of a virgin, lived a sinless life, died on the cross as the full payment for the sins of all who believe, rose from the dead, and is coming again in glory.

Man:

Man is the special creation of God, in His own image. He created them male and female as the crowning work of His creation. By his free choice man sinned against God and brought sin into the human race. The sacredness of human personality is evident in that God created man in His own image, and in that Christ died for man; therefore every person of every race possesses dignity and is worthy of respect and Christian love.

Salvation:

Salvation involves the redemption of the whole man, and is offered freely to all who accept Jesus Christ as Lord and Savior, who by His own blood obtained eternal redemption for the believer. In its broadest sense salvation includes regeneration, justification, sanctification, and glorification.

The Church:

The Church is composed of all those who truly believe on the Lord Jesus Christ as Savior. It is the body and the bride of Christ. That every believer, whether Jew or Gentile, is baptized into the body of Christ by the Holy Spirit, and having thus become members of one another we are responsible to keep the unity of the Spirit in the bond of peace.

Agreement Regarding Student and Client/ Patient Confidentiality and Anonymity

Persons either enrolled in or participating as a client/patient/student or volunteer in any of Hope Remains Youth Ranch activities or programs are protected by Federal and State laws regarding the confidentiality of information and their anonymity.

Specifically:

1. You may not admit to, acknowledge, or inform anyone or agency that a person is either a student or client/patient of Hope Remains.
2. You may not release any information, verbal or written, regarding a student or a client/patient without a signed consent to release information/records by the student/legal guardian or client/patient
3. You may not discuss, present, or share any information about the student or client/patient outside of the program, which would breach that person's anonymity or confidentiality.

A breach of the above may result in discipline, up to and including possible termination of employment or your participation as a volunteer will be terminated.

I have received this policy and agree to read and adhere to it.

Employee/Volunteer Signature _____

Employee/Volunteer Name Printed _____

Date Signed _____