

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

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

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

SonRise ranch work and horse care happens daily on weekday mornings. SonRise programs with the kids operate on Tue, Wed, Thu and Fri afternoons. Traveling Tails trips are usually scheduled on Thu 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

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

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

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!

Signature

Date

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.

LIABILITY RELEASE FORM

FOR

SonRise Equestrian Foundation & 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, otherwise handles or comes near a horse on the ground or participates in any activity of the STABLE. 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 64th 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.

- 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 any activity with THIS STABLE, 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), Leonids LLC, Chung Ping Wang, Cong Qin and Sonrise’s or Leonid’s, owners, employees, volunteers, staff, 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 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, death, 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 these 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 negligence 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 _____



BROWN RANCH

EQUESTRIAN ACTIVITIES WAIVER, RELEASE, AND INDEMNITY AGREEMENT

ALL GUESTS WHO VISIT THE EQUESTRIAN PREMISES LOCATED AT 7101 CAMINO TASSAJARA, PLEASANTON, CA 94588(REFERRED TO HEREIN AS "PREMISES") MUST SIGN THIS FORM IN ORDER TO BE ON THE PREMISES. IF YOU HAVE NOT SIGNED THIS AGREEMENT, YOU WILL BE REQUIRED TO LEAVE AS THIS IS PRIVATE PROPERTY.

SIGNED RELEASES WILL BE KEPT ON FILE.

NAME OF GUEST _____	DATE _____
PHONE _____	
ADDRESS _____	EMAIL _____
GUEST OF <u>SONRISE</u> _____	
REASON FOR VISIT <u>Volunteering</u> _____	

PARENT OR GUARDIAN (IF GUEST IS UNDER 18) _____
PHONE _____ ALTERNATE PHONE _____
ADDRESS _____

1. The undersigned understands and acknowledges that this is a legal agreement that will either eliminate or severely restrict his/her legal rights and the rights of his/her minor child, heirs, and relatives in case he/she is injured, dies, or is otherwise damaged as a result of participation in equestrian activities on the Premises.
2. The undersigned acknowledges that horseback riding, participation in riding lessons and clinics, being near horses, and being at equestrian facilities and on trails is inherently dangerous and involves risk of serious and permanent physical and emotional injury and, in extreme cases, possible death. The undersigned understands that he/she can get thrown, stepped on, kicked, or otherwise injured by his/her own horse or any other horse. The undersigned understands and agrees that he/she rides and participates in horse riding lessons and clinics, trail rides, horse grooming, and other related activities at his/her own risk. The undersigned further acknowledges and agrees that Brown Ranch is not responsible for any irregular footing on outdoor or indoor groomed or ungroomed land, all of which is subject to constant change in condition according to weather, temperature, natural and man-made changes in landscape. Guest agrees that the waiver provided herein also applies to these circumstances.
3. The undersigned, in the event of injury rendering undersigned unable to make decisions regarding medical care, gives Brown Ranch the authority to make decisions regarding medical care, including administration of medical care, and will defend, indemnify and hold Brown Ranch harmless for any Injury or death that occurs as a result of this care.
4. The undersigned, on behalf of all and each of the heirs, executors, administrators, successors, and assigns of the undersigned hereby assumes all responsibility and risk and releases and forever discharges Leonids LLC, Chung Ping Wang and Cong Qin doing business as Brown Ranch,

and their respective officers, agents, directors, employees, representatives, attorneys, contractors, and all persons acting by, through, under, or in concert with any of them (collectively Brown Ranch) and holds the Brown Ranch free and harmless and indemnifies it from any and all, injuries (including death), claims, actions, suits, procedures, costs, expenses, damages, liabilities and causes of action of every kind, known or unknown, of any nature whatsoever (including attorneys' fees and costs) arising out of or connected with (a) the undersigned's participation in horseback riding, riding lessons, riding clinics, horse grooming, and other related equestrian activities, and any other use of, or attendance at the Brown Ranch Premises by the undersigned or by any guests of the undersigned; or (b) any acts of horses or any other animal owned by the undersigned or anyone else on the Premises.

5. The undersigned further agrees that he/she will not sue or make a claim against Brown Ranch for injury, damage, death, or other losses sustained as a result of his/her participation in equestrian activities, use of the Premises, or injury to the undersigned's horse(s) or any other horse.

6. The undersigned understands that by signing this Waiver, Release and Indemnity Agreement, he/she is giving up significant rights that he/she and his/her family and heirs may have. Knowing this, the undersigned still prefers to enter the Premises and if applicable use the Brown Ranch facilities and therefore voluntarily gives up his/her rights as described in this Agreement.

7. This Agreement is a complete embodiment of our understandings and agreements. It may not be modified or rescinded except by a writing executed by an authorized agent of Brown Ranch.

8. The undersigned represents that he/she has carefully read each and every one of the provisions of this Agreement and fully understands each provision and agrees to be bound by the terms of each provision.

9. I have read and understand the "Rules & Regulations" posted at Brown Ranch, and I agree to abide by them. This includes, but is not limited to, the Helmet Requirement for All Riders under age of 18: Brown Ranch requires all riders under age 18 to wear an ASTM approved safety helmet. **No exceptions.**

10. The undersigned agrees that horses, if any, brought to Premises by undersigned are free of contagious diseases, are current on all of the recommended & routine vaccinations and are negative for Coggins for those horses which came from out of the State.

11. Undersigned agrees to pay for and/or repair any damage that occurs to Premises and personal property on Premises caused by undersigned or by undersigned's horse (s). This includes, but is not limited to, all damage to personal property, buildings, barns, fences, stalls, pens, hot walkers, facility structures of any kind, landscaping or vehicles.

12. This Agreement shall be interpreted in accordance with the laws of the State of California and any dispute concerning this Agreement, or any indemnification hereunder, shall also be interpreted in accordance with the laws of the State of California, County of Contra Costa. Undersigned agrees that any disputes that may arise will be handled via arbitration, and thereby agrees to waive any right to trial by Jury.

PLEASE READ THIS AGREEMENT CAREFULLY. DO NOT SIGN THIS EQUESTRIAN ACTIVITIES WAIVER, RELEASE, AND INDEMNITY AGREEMENT UNTIL YOU HAVE READ AND UNDERSTOOD EACH AND EVERY PARAGRAPH

DATE _____

SIGNATURE OF GUEST _____

SIGNATURE OF PARENT OR GUARDIAN _____
(IF GUEST IS UNDER 18 YRS OLD)

Parent agrees to always have a supervising adult on Premises responsible for Minor. Parent further warrants that said Minor does not have any physical or mental conditions that would prevent Minor from engaging in horseback riding, horse grooming or other activities on the Premises