



Miracle Mountain Ranch

101 Rodeo Drive Spring Creek PA 16436 • www.MiracleMountainRanch.com • (814) 664-7673

Dear Volunteer Applicant,

Thank you for your interest in volunteering at Miracle Mountain Ranch (MMR). We are so grateful for individuals such as you, who are willing to give of their time and talent to assist us in the ministry of MMR. Enclosed you will find an application that we request you fill out and return to us so that we can better prepare for you when you come. Also enclosed are some general policies and guidelines so that you know what is expected of guest while on the ranch, as well a horse liability form in case you have opportunity to ride during your stay and a Medical Real form. Please read both carefully.

For legal and insurance purposes, we will now be doing background checks on all adult volunteers. This means your social security number will be required for us to process your background check. You may call the office with your number if you would prefer, rather than placing it on the form. We would also like to suggest a donation to help cover food cost and background check, this is by no means required. (Please keep this check separate from registration payments for your children as they are processed separately).

We attempt to provide separate housing for couples and housing specific for adults if possible. However, due to limited housing availability at times, we are not always able to guarantee or confirm housing until about a month prior to a volunteer date. This is especially true during the summer months. If this is a problem, please let us know and we will see what options we may have. If you have an RV and would like to bring it we do have RV sites with full hook up, please be sure to mark your form for RV if this is the case.

Volunteering while your child is in camp is only recommended if your child is able to function independently of you. If a child is overly dependent on the parent, it will distract from the camping experience for the child, as well as cause conflicts with the child's schedule. If you are volunteering during a week of summer camp during which one or more of your children are participating, please be aware that time with your child is limited. Also we ask that parents not interfere with the ranchers schedule or the counselors' responsibilities. If you see a discrepancy, please report it to MMR management so that we may deal with it properly.

A confirmation letter will be sent to you confirming your dates as well as the area in which you will be assisting.

Thank you again for your interest. Please call if you have any questions (814) 664-7673.

In Christ,

Noelle Miner
Volunteer Registrar / MMRM

Miracle Mountain Ranch Missions, Inc.
Adult Volunteer Application

Date: ___/___/_____

Name: _____ Home Phone: () _____ - _____

Address: _____ Emerg Phone: () _____ - _____

City: _____ State: _____ Zip: _____

E-mail: _____ Cell Phone: () _____ - _____

Sex: ___ SS#: _____ - _____ - _____

Volunteer T-shirt: Your \$5.00 fee covers the cost of a t-shirt. Please select appropriate size.

Shirt Size: ___ Small ___ Medium ___ Large ___ X Large ___ XX Large

Area in which you would like to help:

Ladies: ___ Foodservice ___ Housekeeping ___ Landscape

Guys: ___ Maintenance ___ Construction ___ Mechanics

Please indicate which week(s) you wish to volunteer for:

___ **Dates other than summer:** _____

Individual Week _____

- ___ June 4-10 TPS Camp
- ___ June 11-20 Staff Training
- ___ June 18-23 Staff Training/Buckaroo
- ___ June 25-30 Wild West 1
- ___ July 2-7 Wild West 2
- ___ July 9-14 Wild West 3
- ___ July 16-21 Wild West 4
- ___ July 23-28 Wild West 5
- ___ July 30-Aug 4 Wild West 6
- ___ August 7-13 Wild West 7

___ **All Summer** – June 4 – Aug 13

If you are looking to work more than one week please indicate the number of weeks. _____

Do you have a child attending camp the week you wish to volunteer? YES NO

Names of Children Attending: _____

Do you have children coming with you that will not be attending camp? YES NO

Names & ages of Children: _____

Are you willing to be housed with our youth volunteers if other housing is not available? YES NO

Bringing RV? YES NO

Please list any specific areas of skill: _____

Any limitations we need to know (health, physical etc.): _____

Have you ever been questioned about, accused of, charged with, or convicted of any form of sexual exploitation, advancements, improprieties, molestation, rape or other abuses of adult(s) or children? YES NO

If yes, please explain: _____

Do you agree to a background check? YES NO

Please list your DOB: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

MEDICAL and MEDIA RELEASE: I hereby appoint the Camp Manager and the camp nurse on duty to act in my stead to give consent for emergency medical or surgical treatment with the doctor of their choosing. I also hereby waive the right to sue or bring legal action against Miracle Mountain Ranch Missions, Inc. or any of their employees as a result of any and all injuries, damages, or losses sustained while participating in a camp program. I further agree to hold Miracle Mountain Ranch Missions, Inc. and any of their employees harmless against any and all cost, damages, and expenses which may be incurred by them as a result of a lawsuit I may file against them. Finally, permission is granted to use any pictures taken for promotional use by Miracle Mountain Ranch.

Signature _____ Date ____ / ____ / ____

**Guest & Volunteer
Facility & Activity Policies**

Program Areas:

Confidence Course.....	Off limits unless with MMR supervisor
Sports room.....	Off limits
Pool.....	With lifeguard on duty & as scheduled.
Barns.....	Off limits unless with MMR supervisor
Stockade.....	Off limits unless with MMR supervisor

Camp Activities:

Evening activities.....	Children may attend all activities
Daytime activities.....	Children may attend by permission of the counselor, but must stay for entire period and not leave in the middle of the activity.

Buildings:

Kitchen and Storeroom.....Off limits unless working in this area.
Buckboard.....	Behind the counter is off limits unless you are requested to serve by the manager.
Phone	Personal phone use is by permission during designated times.
Equipment, buildings, bunkhouses.....	Off limits unless requested
Town Hall.....	Available except after ranchers all in.

Adult Volunteer Policies

Volunteers are taken on the basis of housing availability. Our primary housing concern is for ranchers and associate staff. Housing availability will vary year to year.

Volunteers must follow the rules and guidelines set down by MMR for both volunteers and ranchers.

Volunteers are expected to report to the camp nurse any and all injuries to themselves or ranchers. The camp nurse then has the authority to make the final decisions as to treatment. If the volunteer chooses not to accept treatment, then a waiver must be signed to remove MMR of all responsibility.

Volunteers are expected to attend all evening chapels, unless off the grounds.

Volunteers are expected to work 6-8 hours per day.

MMRM offers nothing in return for a volunteer's service. The IRS considers any expected remuneration or gifts a taxable wage.

Volunteers are not counselors, although you are free to talk to the kids to see how your kids or group are doing. We discourage interference in the counselors' role with the ranchers. If you see a discrepancy, please report it to MMR management so that we may deal with it properly.

Due to the program as well as other legal issues, volunteers are not allowed to work directly with the ranchers, unless taken on for the specific purpose of nursing where credentials can be checked.

Volunteers have no authority over staff or ranchers, other than their own kids. Please report concerns directly to MMR management.

Guidelines

1. Volunteers must honor the camp's lights out policy by being quiet and not causing any disruption. This would include talking out on the porches. If you desire to talk please do so in your room or away from the center of camp.
2. No one is allowed in the pool without a lifeguard. Supervisor must schedule pool time with program director.
3. Trail rides will be made available to volunteers as the schedule allows.

Miscellaneous:

Guest and volunteer children: Parents are responsible for their children at all times.

Children of volunteers: Children are expected to abide by policies for ranchers

Parking: Vehicles are prohibited up in camp; please park vehicles in parking area near office.

Trees: Off limits, no climbing

Miracle Mountain Ranch Missions, Inc.

101 Rodeo Dr. Spring Creek, PA 16436
(814) 664-7673 - mmrcamp@gmail.com

Medical and Liability Release Form

Date(s) of Participation: ____ / ____ / ____ - ____ / ____ / ____

Name of Participant: _____ Social Security # ____ - ____ - ____

Sex: ____ Birth of Date: ____ / ____ / ____ Age: ____ Date of last Tetanus ____ / ____

Parent /Guardian: _____ Home Phone: (____) ____ - ____

Address _____ Work Phone: (____) ____ - ____

City _____ State ____ Zip _____ Cell Phone: (____) ____ - ____

Allergies (food, bee stings, seasonal): _____

(Please read Sections A – G and initial to show that you agree.)

____ **A. 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 required expenses. Please complete **ALL** areas, if there is **NO** Insurance, please note this under Name of Insurance Company.

**Please complete the following insurance information; please do not leave any blanks.
If possible also include a copy of both sides of your insurance card.**

Insurance information: This information is on the Policy Holder; the person to whom the policy is registered.

Name of Insured (Policy Holder): _____ Date of Birth: ____ / ____ / ____

Place of Employment: _____ Policy Holder's SS#: ____ - ____ - ____

Name of Insurance Company _____ Phone (____) ____ - ____ Group #: _____

_____ Policy #: _____

Address of Insurance Co.: _____ RX Group #: _____

City: _____ State: ____ Zip: _____ RX Bin (Pharmacy ID) #: _____

(This information is not recorded or given to anyone and is used only in a medical emergency at the Dr. Office or ER)

____ **B. MEDIA RELEASE:** I understand that any pictures taken during an MMR event, as well as testimonies, of myself or my child and/or legal ward may be used in MMR promotional materials including newsletters, brochures, displays and websites. Photos may also be made available for purchase online and at MMR.

____ **C. MEDICAL RELEASE:** I certify that this Rancher has my permission to attend MMR, and further give consent for medical treatment for the Rancher in the event that a need for immediate medical attention arises. If such need arises, I agree to the release of any records necessary for treatment, referral, billing, and insurance purposes. I also give permission for a camp nurse or other staff person to inform the necessary parties of the Rancher's medical conditions, including, but not limited to, food or other allergies, asthma, seizures, or medication for attending to the Rancher's medical needs. I understand that some activities are inherently risky and take responsibility for the Rancher's participation in any of the Ranch's program areas. I also indemnify, release, and discharge Miracle Mountain Ranch Missions, Inc., as well as its directors, officers, employees, and agents, from liability and all costs arising from my child's participation in camp activities.

ACTIVITY AGREEMENT: As a participant in a Miracle Mountain Ranch Event I hereby understand the following to be true about the these activities and understand any associated risks.

____ **D. Equine activities:** I have registered for an MMR event that may include the use of MMR horses (or other equines), tack and equipment, personnel and trails for the purpose of horseback riding. This includes both handling them from the ground and mounted. Though MMR chooses its horses carefully to use with novice riders, and follows a risk reduction program, no horse is a completely safe horse. Horseback riding is classified as a "rugged adventure recreational sport activity." There are inherent risks despite all safety precautions. MMR advises pregnant women not to ride horses unless permitted by a physician.

I understand that as a participant I must:

- wear an SEI certified helmet (provided by MMR)
- be able to carry out simple instructions
- be able to remain balanced aboard a moving animal
- alert the wrangler to specific needs during a ride
- not carry loose objects or make loud noises during a ride
- be under the 250 lb. weight limit
- be able to mount and dismount with little or no assistance – mounting blocks are available
- wear appropriate covered/closed toe boots or shoes, preferably with heels (sneakers/tennis shoes are acceptable but not Crocs)

Riders Experience: ____ Under 10 hours ____ Over 10 hours:

____ **E. Paintball:** Face masks specifically designed for paintball are provided and must be worn; long sleeve shirts and pants are recommended. Even with observance of proper safety procedure there may be bruising and/or broken skin noticeable following a hit.

____ **F. Wilderness Experiences:** These adventure type activities, which include trail rides, hikes, and wilderness camping, take place in uncultivated areas of woods and fields. Even though proper precautions are taken, there are implicit natural hazards which include, but are not limited to, wildlife as well as weather.

____ **G. Liability Release:** I AGREE THAT: In consideration of **MMR** allowing my participation in this activity, under the terms set forth herein, I, the Rancher, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge **MMR**, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, insurers, and 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; and I do further agree I shall bring no claims, demands, action and causes of action, and/or litigation, against **MMR** and/or **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 and/or legal ward in relation to the premises and operations of **MMR**

Does this participant have physical and/or mental health conditions, problems, and/or disabilities which may affect his/her safety and ability to ride a horse or participate in any other activity?

If yes, please describe: _____

Signer Statement of Awareness

I / We, the undersigned, have read and do understand the foregoing agreement, warnings, releases 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.

SIGNATURE OF PARTICIPANT/PARENT, GUARDIAN #1 DATE: _____

SIGNATURE OF PARTICIPANT/PARENT, GUARDIAN #2 DATE: _____