



# Miracle Mountain Ranch

101 Rodeo Drive Spring Creek PA 16436 • [www.MiracleMountainRanch.com](http://www.MiracleMountainRanch.com) • (814) 664-7673

Dear Volunteer Applicant,

Thank you for your interest in volunteering here at Miracle Mountain Ranch (MMR). We are grateful for individuals, such as you, who are ready and willing to assist in the ministry of MMR. Our volunteer program is set up to create flexibility while giving us consistency in each area. We pool all volunteers in the groups of Range Maids and Ranch Hands, placing volunteers where most needed in any given week. Volunteers may select an area they would prefer to serve, however preferences will be given to full summer and three week term volunteers first and then to one week volunteers on a first-come first-served basis.

The primary purpose of MMR's youth volunteer program is to develop healthy work habits while instilling Christ like character into the everyday lives of young people. We also hope to nurture these youth and develop them into becoming our next wranglers, barn staff, and counselors. Volunteers must be 14 years of age or older. Each group of volunteers meets daily for a bible study and devotions. The period of service for first time volunteers is determined on a week to week basis by the supervisor. Each volunteer will be evaluated on the basis of his or her desire and willingness to serve.

Below is a short description of each area and its responsibilities.

## Range Maids (gals)

Range Maids assist in the following areas: **Kitchen**, which includes food preparation, serving, and clean-up after meals. **Housekeeping** participates in the cleaning of the facilities and clean-up after meals. **Landscaping** involves moving rocks and plants, pulling weeds, and other special landscape projects.

## Ranch Hands: (guys)

Ranch hands assist in the following areas: **Grounds**, which includes the care and upkeep of lawns, trash removal, and minor maintenance. **Farming**, assist with bringing in hay, trimming fence rows and minor equipment work. **Construction** (must be 16 yrs or older), assist with construction projects; work could include concrete, masonry, framing, electrical, plumbing, roofing, etc. All ranch hands may also assist in chapel or dining hall set up and bringing in hay if help is needed in these areas.

Volunteers are housed with a counselor in each housing unit. Summer weeks run from Sunday afternoon through Saturday noon. Friday evening departure is available, please mark application if needed. The average workday is 8 hours long. Pool and trail ride privileges are available to each volunteer according to their work schedule. All volunteers are required to attend chapel services. Volunteers are not allowed to leave the premises unless accompanied by a parent / guardian or supervisor. For further information on a specific, area please contact us at (814) 664-7673 or [mmrcamp@mrm.org](mailto:mmrcamp@mrm.org).

Enclosed you will find an application with a brief description of responsibilities, medical release and horse liability form. Please completely fill out all forms and return them. Volunteers are accepted on a first-come first-served basis.

In Christ,

Noelle Miner  
Volunteer Registrar, MMRM



# MMR Volunteer Application Form

## Attention

Please attach a recent photo of yourself so we may get to know you better.

Date: \_\_\_ / \_\_\_ / \_\_\_

Name: \_\_\_\_\_ Age: \_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_ Sex: \_\_\_ SS#: \_\_\_\_\_ - -

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: ( \_\_\_ ) - \_\_\_\_\_ Volunteers E-mail: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Phone: ( \_\_\_ ) - \_\_\_\_\_ Cell Phone: ( \_\_\_ ) - \_\_\_\_\_

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

Please check below your preference. We will attempt to place you in your area of preference if possible, however this is on a first-come first-served basis, and areas of greatest need will be filled if there is a shortage of volunteers for a given week

Gals ➡ \_\_\_ Kitchen \_\_\_ Housekeeping \_\_\_ Landscaping \_\_\_ Photography

Guys ➡ \_\_\_ Grounds/farming/maintenance \_\_\_ Photography

Please mark below which week or group of weeks you would desire. Three week term and all summer volunteers will need to have volunteered previously or interview with the area supervisor. First timers coming for one week may stay for additional weeks if spaces are available and approved by the area supervisor.

### 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

### 3 Week Term

\_\_\_ June 4-June 25  
\_\_\_ June 11-June 30  
\_\_\_ June 18- July 7  
\_\_\_ June 25- July 14  
\_\_\_ July 2-July 21  
\_\_\_ July 9- July 28  
\_\_\_ July 16- Aug 4  
\_\_\_ July 23- Aug 13

\_\_\_ **All Summer** – June 4 – Aug 13

Personal Commitment

I have read the accompanying letter / description and am willing to work without any pay as a labor of love to the Lord Jesus Christ in any capacity asked of me. I will do my work promptly and cheerfully to the best of my ability. I also understand as a volunteer I am under the rules and guidelines of a rancher and therefore understand that I am not allowed to leave MMR grounds during my stay unless accompanied by parents or guardians.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Parent

I hereby understand that my child is working in a volunteer capacity at MMR and will therefore receive no compensation for the work performed. I also understand that my child will be considered a rancher and will fall under the rules and guidelines of a rancher for their protection. I understand that any and all medication must be turned into the Ranch nurse at the start of the volunteer's stay. I also understand that all weekend stays between weeks of service and camp weeks must be approved by supervisor. Volunteers will only be allowed to use tools or equipment that has been approved by the child labor laws in this state for their age group. Parent must sign a medical release form (attached) in order for child to participate in MMR's volunteer program.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

**The following questions are to make our nursing staff aware of any special need in case medical attention is necessary. Please attached additional sheet if necessary.**

Do you have or have you ever had any of the following: back injury or history of back problems, Seizures of any kind, any kind of blood disorder or special blood type, or been hospitalized or had any kind of surgery in the past 6 months?  YES  NO

If Yes Explain: \_\_\_\_\_

Do you take any regular medications?  YES  NO

If Yes Explain: \_\_\_\_\_

Do you have any allergies?  YES  NO

If Yes Explain: \_\_\_\_\_

Please note any special medical needs not covered above that we should be aware of. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# 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:** \_\_\_\_\_