



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 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/Landscaping** participates in the cleaning of the facilities and clean-up after meals. It also 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@gmail.com.

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

In Christ,

Noelle Purdie
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: ___

City: _____ State: ___ Zip: _____ Country: _____

Home Phone: (___) ___ - _____ Volunteers E-mail: _____

Parent or Guardian: _____ E-mail: _____

Emergency Phone: (___) ___ - _____ Cell Phone: (___) ___ - _____

Volunteer 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

Guys ➡ ___ Grounds/farming/maintenance

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

- ___ May 31-July 6 TPS Camp
- ___ June 7-16 Staff Training
- ___ June 14-19 Staff Training/Buckaroo 1
- ___ June 21-26 Wild West 1
- ___ June 28-July 3 Wild West 2
- ___ July 5-10 Wild West 3
- ___ July 12-17 Wild West 4
- ___ July 19-24 Wild West 5
- ___ July 26-31 Wild West 6
- ___ August 2-9 Buckaroo 2/Family Camp 1

___ **All Summer** – May 31-August 9

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 Liability 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

This Medical and Horse Liability Release form covers participation in any Miracle Mountain Ranch activities from:
September 1, 2019 – August 31, 2020

Name of Participant: _____ Sex: _____ Date of Birth: ____/____/____ Age: ____

Date of last Tetanus ____/____/____ Emergency Phone: (____) _____ - _____

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

Address _____ Mom's Cell: (____) _____ - _____

City _____ State ____ Zip _____ Dad's Cell: (____) _____ - _____

Allergies (food, bee stings, seasonal): _____

Medications: _____

(Please read Sections A – E 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.

____ **D. 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**

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

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:

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.

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.

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:** _____