

Son Valley Youth Ranch

Helping Hands Application

Please complete the following application to be added to our list of potential volunteers. We will be contacting you within the time frame you have provided below, if your interest/skills match a need here at the ranch. NOTE: The information you provide may be used to conduct a background check before approval to volunteer will be given.

CONTACT INFORMATION

Date of application: __/__/__

Name: _____

Email: _____

Address: _____

City: _____ State: ____ Zip: _____

Best number to reach you at: _____ - _____ - _____

DOB: __/__/__ Age ____ Gender M F

SCHEDULE

Please complete the following section to the best of your knowledge. We understand that schedules change, please simply indicate when and how you would like to make yourself available. Check all that apply.

I would like to serve on a(n):

Regular Basis

I would like to serve the ranch weekly bi-weekly monthly

Available from __/__/__ to __/__/__

Please check the days of the week/end and mark the times you would like to volunteer.

__ Monday: Start ____ am/pm Finish ____ am/pm __ Tuesday: Start ____ am/pm Finish ____ am/pm

__ Wednesday: Start ____ am/pm Finish ____ am/pm __ Thursday: Start ____ am/pm Finish ____ am/pm

__ Friday: Start ____ am/pm Finish ____ am/pm __ Saturday: Start ____ am/pm Finish ____ am/pm

__ Sunday: Start ____ am/pm Finish ____ am/pm

And/or Irregular Basis

- Summer Day Camp, one week in summer.
- Contact me anytime major help is needed (i.e. bucking hay, major projects, etc.)
- Contact me anytime a big event needs help. (i.e. Oct. Harvest Hoedown, ranch events etc..)
- I would like to serve on these specific times of the year only:

Please also indicate the following:

Please begin contacting me about volunteer opportunities ___/___/___

My offer to volunteer expires ___/___/___ no expiration

*List the date you wish to no longer be contacted about volunteering or check "no expiration".

If you would like, feel free to paste a picture of yourself here (or add your picture as an attachment if you are emailing your survey).

AREAS OF INTEREST

Please check all that apply. Refer to our website or volunteer info pack for explanations of each volunteer capacity.

- | | |
|--|---|
| <input type="checkbox"/> Horsemanship | <input type="checkbox"/> Fund Raiser |
| <input type="checkbox"/> Session Instructor | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Hay Team | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Mentor | <input type="checkbox"/> Technical |
| <input type="checkbox"/> Junior Mentor | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Bible Teacher | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Listener | <input type="checkbox"/> Greeter |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Cook |
| <input type="checkbox"/> Praise Leader | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Musician | <input type="checkbox"/> Staff Manager |
| <input type="checkbox"/> General Help | <input type="checkbox"/> Prayer Team |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Housekeeper |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Office Assistant |
| <input type="checkbox"/> Mechanic | <input type="checkbox"/> Green Thumb |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Schedule Manager |
| <input type="checkbox"/> Professional Assistance | <input type="checkbox"/> Memory Maker |

We are also open to your ideas. Please list and explain here:

SKILLS

As a volunteer, what do you think are your strengths?

Of the skills you possess, which would you like to offer to the ranch?

RELIGION/SPIRITUAL BELIEF

Please list the name of your church (if any) _____
church phone number _____ your pastor's name _____
and years of attendance _____

If you were to die this very second, do you know for sure that you would go to heaven?
Explain why or why not.

OTHER QUESTIONS

How did you hear about SVYR?

Why would you like to be SVYR volunteer?

Tell us about yourself, if you'd like...interesting facts, outstanding talents, funny stories, favorite foods, hobbies, certifications, awards, achievements, etc.

HISTORY

Education:

Employment:

REFERENCES

Name: _____ Contact: _____

Name: _____ Contact: _____

All adults must have a background check if working with or around children. Do you give SVYR permission to perform a background check? ___ YES ___ NO

Social Security # (Adults only for background check) _____ - _____ - _____

Previous Name/Alias (for background check) _____

Previous Address if above is for less than a year (for background check)

Background check approved date : _____ (office) _____

Questions Call Mandy at 319-795-3714
Please complete this survey and mail or scan and email to:
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660-754-1509 / sonvalley@mchsi.com