



Return to Freedom In-Residence/Long-Term Volunteer Program Application

Dear Friend,

Thank you for your interest in our In-Residence Volunteer Program. Although we usually receive the majority of Volunteer applicants for late spring through summer, we do accommodate qualifying individuals all year long. We are delighted to hear from you and would like to share our ideas on the program.

Return to Freedom (RTF) relies on dedicated volunteers to help improve and maintain our facilities for the horses here. Long Term Volunteers assist with daily ranch chores and special projects while learning and developing valuable horsemanship skills by observing behavior among the wild herds at the Sanctuary. You will be given time each day to study herd dynamics and are recommended to maintain a journal of your observations. There will also be an opportunity to participate in a Wild Horse Walk during your stay with Founder, Neda DeMayo and/or the equine staff.

If you are selected to participate in our Work Study program, you will be expected to volunteer 6-7 hours a day on Sanctuary improvements or administrative duties and 1 hour a day viewing the wild horses. Depending upon your skill level, you may be assigned a special project to focus on during your stay here.

All participants are responsible for their own food and towels. We shall provide accommodation where possible (limited availability). An \$80.00 cleaning deposit for your accommodation will be required upon arrival. Cooking supplies, a microwave and fridge are available for our volunteers to use. Due to our limited staff, we prefer that you arrange your own transportation to and from the airport and trips to town, but will do our best to assist in helping participants to schedule transportation to and from the Sanctuary from nearby airports or train stations. If necessary, we can also make sure that you get into town from time to time to purchase supplies, etc.

Our Work Study program is popular and because of this, we do have a formal application process. After we have received all of your application materials, we will review them and contact you to arrange an interview. *Additionally, please know that we can only accommodate participants able to commit a minimum of 3 weeks to the program.*

It should be noted that you are responsible for and must supply proof of medical insurance coverage. Volunteers must notify their carrier of their pending participation at RTF and provide coverage in the event of any accident or injury. You must be 18 years old to be considered for our Work Study Program.

Happy trails,

Return to Freedom Program Staff



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DEMOGRAPHICS

Name	
Address	
City/Zip	
Telephone	
Cell phone	
email	
When is the best time to contact you? What is your preferred method of communication?	
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth: / /
How did you hear about Return to Freedom?	
Have you been to Return to Freedom before <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: when?
When are you interested in coming to Return to Freedom?	
On a separate sheet of paper, please briefly respond to the following:	<ol style="list-style-type: none"> 1. What would you like to achieve? 2. Why are you interested in participating in this program? 3. What are your professional goals? Your personal goals? 4. Describe a successful team you were a part of and your role in its success. 5. Please describe your horse experience (if any). 6. Please describe your ranch experience (if any). 7. What special skills do you have that would be valuable to Return to Freedom? 8. What are your expectations of the Return to Freedom Volunteer/Work Study Program
Mentoring/Experience Interest:	
Position desired (i.e. photography, office, ranch work, fundraising):	
Date you can start and probable length of stay:	
List experience in this area:	
List special training:	
List special skills:	
List areas of interest:	



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EDUCATION	
Horse Education or Other Ranch, Animal, Non-Profit Experience:	
High School	Name and location Graduate? Subjects studied
College	Name and location Graduate? Subjects studied
Graduate School	Name and location Graduate? Subjects studied
Technical School	Name and location Graduate? Subjects studied
EMPLOYMENT	
Name of present or last employer	Job Title: Dates employed: Address: City/Zip Name of supervisor: May we contact? Phone number Description of work: Reason for leaving:
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REFERENCES

Name: Address: Years acquainted: Phone numbers:
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EMERGENCY CONTACTS

In the event of an emergency, please contact::		
Name	Relationship	
Address	Telephone	
City/Zip	Email	
Name	Relationship	
Address	Telephone	
City/Zip	Email	

CONFIDENTIALITY STATEMENT

It is the policy of the Return to Freedom (RTF) that all employees, contractors and volunteers to hold as privileged and confidential all information, including materials presented to committee and subcommittees, including all minutes of such committees, all results of activities and all members and providers names. All directors, employees, consultants and others who have access to, or are involved in these activities shall adhere to a strict code of confidentiality regarding this information and shall keep information protected and secure at all times. None of the protected information shall be released or discussed in or outside the RTF with any persons who do not have authorized access to and the need for such information. Staff and volunteers shall refrain from asking individuals of celebrity status for autographs or favors. Failure to comply with the above may result in immediate dismissal or other equivalent sanctions by the RTF.

AUTHORIZATION SIGNATURE

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if I am accepted into the Work Study Program, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.”

Signature: _____ | Date _____



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Please return with your resume and two letters of recommendation from a non-relative via one of the following addresses:

**Attention: Programs
Return to Freedom
P.O. Box 926
Lompoc, CA 93438
Fax: 805-800-0868
Email: volunteers@returntofreedom.org**