

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.

If you are selected to participate in our Work Study program, you will be expected to volunteer 5-6 hours a day on either equine care, Sanctuary improvement projects or administrative support, a night check and a minimum of 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). A \$50.00 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 2 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?	Yes	No Date of Birth: / /
How did you hear about Return to Freedom?		
Have you been to Return to Freedom before	Yes If yes:	
When are you interested in coming to Return to Freedom?		
On a separate sheet of paper,	1.	What would you like to achieve?
please briefly respond to the	2.	Why are you interested in participating in this program?
following:	3.	What are your professional goals? Your personal goals?
8	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:		



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



Name: Address:	
Address:	
Years acquainted:	
Phone numbers:	
Name:	
Address:	
Years acquainted:	
Phone numbers:	
Name:	
Address:	
Years acquainted:	
Phone numbers:	
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 privile information, including materials presented to committee and subcommittees, including all minutes of such com activities and all members and providers names. All directors, employees, consultants and others who have acc these activities shall adhere to a strict code of confidentiality regarding this information and shall keep informat at all times. None of the protected information shall be released or discussed in or outside the RTF with any per authorized access to and the need for such information. Staff and volunteers shall refrain from asking individual autographs or favors. Failure to comply with the above may result in immediate dismissal or other equivalent statistics.	imittees, all results of cess to, or are involved tion protected and secu- ersons who do not have als of celebrity status f
"I certify that the facts contained in this application are true and complete to the best of my knowledge and und	arstand that if I am
accepted into the Work Study Program, falsified statements on this application shall be grounds for dismissal.	erstand that, if I am
I authorize investigation of all statements contained herein and the references and employers listed above to give information concerning my previous employment and any pertinent information they may have, personal or other 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 specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed to company representative."	
Signature: Date	



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, California 93438

Fax: 805-800-0868

Email: volunteers@returntofreedom.org

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