



### Volunteer Application

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone/Pager: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Or

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

References – Please list the names, phone numbers and e-mail addresses of two individuals who can judge your suitability for this position.

Name:

Cell Phone:

Email address:

1. \_\_\_\_\_

2. \_\_\_\_\_

**Liability Release** – WARNING: Under Kentucky law, a farm animal activity sponsor, farm animal professional or other person does not have the duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities.

I hereby request that the volunteer named above be accepted into the volunteer program operated by Lovesome Stables, Inc. I acknowledge that Lovesome Stables, Inc. has fully explained to me the scope of the riding program, including the potential for serious injury which can occur from riding, caring for and being around horses and farms.

Because of the potential benefits of Lovesome Stables, Inc.'s volunteer and equestrian programs, I agree to waive any claim which the above named volunteer or anyone accompanying the volunteer may have against Lovesome Stables, Inc., its employees and volunteers, and the arena owners, Jody and David Keeley and to release them from any liability or responsibility for accident, damage, injury or illness caused to the Undersigned or to any family member or guest accompanying the Undersigned on the premises, including, but not limited to, those caused by horses or physical conditions of this farm.

By signing below, you agree to the release of information to Lovesome Stables, Inc. from the references indicated above, and you agree to the liability release statement.

Signature of parent, legal guardian, caregiver or volunteer if over 18: \_\_\_\_\_

Please place an "X" in the appropriate brackets below, to describe the relationship of who signed for the volunteer.

☐ Parent ☐ Legal Guardian ☐ Caregiver ☐ Volunteer if over 18

Date: \_\_\_\_\_ Phone number for the person who signed above: \_\_\_\_\_



## Volunteer Interest Survey

Volunteer Name: \_\_\_\_\_

How did you hear about Lovesome Stables, Inc.?

How much experience, if any, do you have with:

Horses?

People with Disabilities?

For what other organizations do you volunteer or have an affiliation?

Please indicate all areas that you are interested in:

\_\_\_\_\_ Sidewalking alongside a student

\_\_\_\_\_ Handling a horse

\_\_\_\_\_ Ground lessons – assisting a student with horse care

\_\_\_\_\_ Volunteer Management

\_\_\_\_\_ Photography/Videography

\_\_\_\_\_ Special Events Organization

\_\_\_\_\_ Web Page Design/Maintenance

\_\_\_\_\_ Horse Care

\_\_\_\_\_ Horse Training

\_\_\_\_\_ Budget & Finance

\_\_\_\_\_ Public Relations

\_\_\_\_\_ Media Relations

\_\_\_\_\_ Grant Writing

\_\_\_\_\_ Writing Newsletters

Please list anything you would like to learn at Lovesome Stables, Inc. , any questions you have , skills you would like to develop:





Volunteer Name: \_\_\_\_\_

### Photo Release

\_\_\_\_\_ I **consent** to and authorize the use and reproduction of any photographs and audio-visual materials taken of me by Lovesome Stables, Inc. for promotional material, educational activities and exhibits or for any other use to benefit Lovesome Stables, Inc.

\_\_\_\_\_ I **do not consent** to and authorize the use and reproduction of any photographs and audio-visual materials taken of me by Lovesome Stables, Inc. for promotional material, educational activities and exhibits or for any other use to benefit Lovesome Stables, Inc.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Confidentiality Policy

I understand that confidential information regarding the students and volunteers may be shared with me on a need to know basis. I understand that all information shared with me is to be kept confidential. I support the confidentiality policy of Lovesome Stables, Inc.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



## Authorization for Emergency Medical Treatment Form

Volunteer Name: \_\_\_\_\_ DOB: \_\_\_\_\_

In case of emergency, please contact:

Name/Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

In the event of an emergency and the emergency contact(s) cannot be reached, please initial **one** of the following plans and complete the information:

\_\_\_\_\_ **Consent Plan** In the event of an emergency and the emergency contact(s) cannot be reached, I authorize Lovesome Stables, Inc. to make health care decisions with respect to the volunteer named above.

Date: \_\_\_\_\_ Signature (parent or volunteer, if 18 or over): \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

\_\_\_\_\_ **Non-Consent Plan** – I do NOT consent to Lovesome Stables, Inc. making health care decisions regarding the volunteer named above. If the volunteer named above does NOT give Lovesome Stables, Inc. authority to make health care decisions and the emergency contacts are not available, please initial the Non-Consent Plan line and state the procedures to be followed in case of illness or an accident:

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

Signature (parent or volunteer, if 18 or over): \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_





## ALLERGY INFORMATION & TREATMENT

Volunteer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please check one:

\_\_\_\_\_ No known allergies                      \_\_\_\_\_ Has known allergies

If there are known allergies, please complete the following section for each type of allergy. Please note below if an Epipen is needed and its location.

**Allergic to:** \_\_\_\_\_

Reaction: \_\_\_\_\_

Treatment: \_\_\_\_\_

Call 911 if: \_\_\_\_\_

**Allergic to:** \_\_\_\_\_

Reaction: \_\_\_\_\_

Treatment: \_\_\_\_\_

Call 911 if: \_\_\_\_\_

**Allergic to:** \_\_\_\_\_

Reaction: \_\_\_\_\_

Treatment: \_\_\_\_\_

Call 911 if: \_\_\_\_\_

Please note location of **Epipen** during lessons - \_\_\_\_\_

Form completed by: \_\_\_\_\_ Relationship: \_\_\_\_\_



## Volunteer Background Check

Volunteer Applicants who are 18 years old and over, please complete this page.

**Kentucky Residents** – complete this section:

Request for Kentucky State Police (KSP) Conviction Data and Sex Crimes: Request is made for any KSP record of conviction of a crime and pursuant to KRS 17.160, a request is made for any record of conviction of a sex crime by the person identified herein. This information shall be released to: **Lovesome Stables, Inc. 250 Boltz Lake Rd Dry Ridge, KY 41035**

Acknowledgement by Applicant: I have applied for employment or as a volunteer in a position involving supervisory or disciplinary power over a minor. I have requested that the KSP provide the above named agency/organization with any record of conviction found in the files of the Kentucky centralized criminal history information system. I know that the KSP will provide the employer with any record I may have for convictions of a KSP arrest and/or conviction of any sex crime. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the KSP and any KSP employee from any claim for damages arising from the dissemination of inaccurate information.

Applicant Information (please print):

Name: \_\_\_\_\_

Last

First

Middle

Maiden

Address: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form, along with the envelopes, to Jody Keeley at Lovesome Stables.





## VOLUNTEER HANDBOOK RECEIPT AND ACKNOWLEDGEMENT

I have received a copy of the Volunteer Handbook and have been given the opportunity to ask questions about it. I understand that the Handbook outlines Lovesome Stables, Inc. volunteer responsibilities. I agree to familiarize myself with the information in this Handbook, and will comply with the policies and procedures summarized.

I understand the information in this Handbook is intended to acquaint volunteers with general policies and principles and is not a contractual commitment by Lovesome Stables, Inc. concerning the terms of the volunteer assignment.

Please sign and date this receipt and return it to Lovesome Stables Equitherapy, Inc.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Rev. July, 2017