

**2020 DREAM RIDERS OF KENTUCKY  
VOLUNTEER APPLICATION**

*4705 Winkler Road, Philpot, Kentucky, 42366*

For office use only:

Orientation date: \_\_\_\_\_

Training date: \_\_\_\_\_

Class placement: \_\_\_\_\_

Substitute day and time: \_\_\_\_\_

Team: \_\_\_\_\_

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

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

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

Street

City

State

Zip

DOB: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail (**PRINT CLEARLY**): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Best way to contact you:** ☐ Cell Phone ☐ Email ☐ Text Message

Employer/School: \_\_\_\_\_

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

**(If under 18 years of age)** Full Name of Parent/Legal Guardian/Caregiver: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Email address of parent/legal guardian: (**PRINT CLEARLY**) \_\_\_\_\_

Last Tetanus Shot: Date: \_\_\_\_\_ Other: \_\_\_\_\_

**Health History:**

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine-assisted activity program. Do you have any medical (physical, cognitive or emotional) reason for not being able to volunteer with the horses and riders for a block of time?

\_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Check areas in which you are interested:**

Program

Special Events

Administration

☐ Horse Handling/Schooling

☐ Fundraising

☐ Photography/Video

☐ Assisting Participants

☐ Gala/silent auction

☐ Budget & Finance

☐ Feeding & care of horses

☐ Outreach

☐ Data entry, filing, updating files

☐ Facility Maintenance/Repairs

☐ Volunteer recruitment

☐ Accreditation Committee

**Preferred day & time to volunteer: (Please check the days and times of the week you would be available)  
Volunteers are encouraged to commit to a block of time consistently as outlined below.**

☐ Tuesday am 9:00 am-12:00 ☐ Tuesday afternoon 2:45-4:00 pm ☐ Tuesday 3:30-6:15 pm ☐ Tuesday 5:45-7:30 pm

☐ Wednesday am 9:00 am-12:00 pm ☐ Wednesday 3:30-6:15 pm ☐ Wednesday 5:45-7:30 pm

☐ Thursday am 9:00 – 12:00 pm ☐ Thursday 3:30-6:15 pm ☐ Thursday 5:45-7:30 pm ☐ Saturday 9:30 am-12 pm

**If you would like to volunteer on a different day or time please indicate here:** Day

Time:

01/01/2020

### **Photo Release:**

I hereby grant ***Dream Riders of Kentucky*** permission to use any and all photographs, slides and any other audiovisual materials in which I may appear for the express purpose of promoting the ***Dream Riders of Kentucky*** program and do not expect, nor shall receive any monetary reimbursement for this authorization.

☐ Consent

☐ Non-Consent

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

### **Background Information**

Have you ever been charged with or convicted of a crime? ☐ Yes ☐ No If yes, please explain below:

I, \_\_\_\_\_ (volunteer/staff), authorize ***Dream Riders of Kentucky*** to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly DO NOT authorize ***Dream Riders of Kentucky***, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

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

Current Driver's License ☐ Yes ☐ No License Number: \_\_\_\_\_ State: \_\_\_\_\_

### **Confidentiality Agreement:**

I understand that any personal or identifying information that I learn about my clients through my association with ***Dream Riders of Kentucky*** will remain confidential. I agree to refrain from discussing such details as: client's names, specific diagnosis, behaviors and with anyone outside the program or with another program member in a public circumstance where others may hear me.

I understand the importance and necessity of preserving our client's anonymity and privacy and will abide by this agreement.

If a Volunteer is under the age of 18 Parents/ Guardians please ensure your child understands the confidentiality policy before signing on their behalf. Thank you.

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

(Volunteer/Staff)

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

(Parent/Guardian if under 18)

***Dream Riders of Kentucky Inc.***

**LIABILITY RELEASE AGREEMENT**

*4705 Winkler Road, Philpot, Kentucky, 42366*

I, \_\_\_\_\_ the undersigned, understand that there are inherent risks of injury, including death, when participating in an equine activity, which risks included but are not limited to (1) the propensity of an equine to behave in ways that may result in injury or death to persons on or around them, (2) the predictability of an equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or object animals, (3) hazards such as surface and sub-surface conditionals, (4) collisions with other equine or objects, and (5) the potential negligence of another participant, such as failing to maintain control over the equine, or not acting within the participant's ability. Knowing and understanding the risks of participating in an equine activity; including injury and death to my person and damage to my personal property, I expressly choose to assume these risks. Further, on behalf of myself, my heirs, successors, representative, and assigns, I hereby unconditionally release any and all claims and causes of actions against equine activity sponsor ***Dream Riders of Kentucky*** and it/theirs owners, shareholders, officers, directors, principals, employees, agents, representatives and any other personnel, for injury including death, and for any damage to personal property, which I may incur as a result of my participation in this equine activity. I, the undersigned agree to indemnify the above-described equine activity sponsor (including its/their above-described persons and entities) from any and all claims and causes of action brought by or on behalf of said participant at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Volunteer/Staff)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian if under 18)

(Parent or Guardian must sign if participants are under 18)

## **Dream Riders of Kentucky (D.R.K.) Volunteer/Participant/Guest Dismissal Policy**

*4705 Winkler Road, Philpot, Kentucky, 42366*

All participants, volunteers and guests may asked to be leave the center for any of the following reasons:

- a) Disruptive behavior that is counterproductive to the benefit of anyone equine or human at **D.R.K.**
- b) Any purposeful act of compromised safety related to any equine, human or self at **D.R.K.**
- c) No longer suited, willing or able to perform activities at **D.R.K.** safely or as directed.

### **Procedure:**

- a) All participants/volunteers/guests who meet the criteria of dismissal will be asked to meet with the Executive Director and Program Director to discuss the behavior/issue in question.
- b) The Executive Director and Program Director will work to educate and outline the appropriate expected behavior of the participant/volunteer/guest at ***Dream Riders of Kentucky***.
- c) If the participant/volunteer/guest is willing to perform the expected behavior/task, then support and further education will be implemented by the ***Dream Riders of Kentucky*** staff.
- d) If the participant/volunteer/guest is not receptive to the expectation of behavior, the volunteer will be asked to leave the ***Dream Riders of Kentucky*** program. Therefore, dismissed from the ***Dream Riders of Kentucky*** property or returning in the future without permission.
- e) The participant/volunteer/guest will be sent a signed, dated letter confirming the expected actions as a result of the meeting.
- f) An additional copy of the letter will be printed and placed in the participants/volunteer's file.

I, \_\_\_\_\_ understand the dismissal policy and the need for my behavior and actions to align with the expectation as outlined above.

\_\_\_\_\_  
Signature

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