



Located at the Kentucky Horse Park  
P.O. Box 13155 Lexington, Kentucky 40511  
(859)231-7066  
www.ckrh.org [volunteers@ckrh.org](mailto:volunteers@ckrh.org)



## 2010 VOLUNTEER APPLICATION

**Thank you for your interest in volunteering with CKRH! Our volunteers are the backbone of our program and without them our riders could not ride. Please complete the following application. It is important to fill out the entire form and not leave any questions blank. Thank you!**

*Please Note: CKRH cannot accept applicants into volunteer programs, who have been arrested for, or convicted of, crimes against persons and/or animals.*

*You will be subject to a background check as part of this application process.*

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Best method to contact you: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ May we call you at work? \_\_\_\_\_

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

If Student: School: \_\_\_\_\_ Grade level: \_\_\_\_\_

Parent/Guardian name and address if under 18: \_\_\_\_\_

### Junior Volunteer Requirements

CKRH volunteers must be at least 12 years of age. Junior Volunteers are defined as volunteers who are between the ages of 12 and 16. Junior Volunteers must be accompanied by a parent, adult family member or guardian until they have demonstrated that their maturity and skills are at the level where supervision by a parent, adult family member or guardian is no longer necessary. This will be determined by a CKRH staff member. All junior volunteers must demonstrate the ability to act responsibly in the barn area and follow barn rules and guidelines. Junior volunteers are not allowed to participate directly in lessons. Junior volunteers are required to attend a New Volunteer Orientation and a Junior Volunteer Training before they begin their volunteer service at CKRH. No exceptions will be made.

All volunteers under the age of 16 must be under direct supervision *at all times*. Direct supervision can be provided by a parent, adult family member, guardian, designated CKRH volunteer, CKRH volunteer mentor, CKRH instructor or CKRH staff member.

I agree to provide adult supervision as outlined in the junior volunteer requirements above.

Parent/Guardian signature: \_\_\_\_\_  
Signature or parent/guardian if volunteer is under 16 years of age



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Please check which volunteer areas *most* interest you:

**Lesson Volunteer**

- Therapeutic Riding
- Hippotherapy
- Driving
- Pony Club
- Horsemanship
- Non-mounted EAA

**Equine Care**

- Barn Help
- Feeding
- Grooming
- Non-mounted
- Conditioning
- Mounted
- Conditioning
- Junior Volunteer

**Special Events**

- Night of the Stars
- Tack Sale
- High Hope
- Rolex
- Paul Frazer
- Special Olympics

**Administration**

- Fund Raising
- Newsletter
- Photography
- Videography
- Office Help
- Staff Assistant

Other: \_\_\_\_\_  
Please list skills you would like to offer to the program

How did you hear about CKRH? \_\_\_\_\_

Why are you interested in volunteering at CKRH? \_\_\_\_\_  
\_\_\_\_\_

What days and time are you available to volunteer at CKRH? \_\_\_\_\_  
\_\_\_\_\_

Are you comfortable around horses?  Yes  No

Do you have experience training or working with horses?  Yes  No  
Please describe:

Do you have experience or training working with people with disabilities?  Yes  No  
Please describe:



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Are you able to walk for 45 minutes and jog short distances? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any health issues or physical limitations that we should be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please describe:

\*I accept responsibility to inform the people I am working with of my limitations.\*

▶ Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(\*required if applicant is under 18)

### Volunteer /Personnel Liability Release

As a volunteer/personnel with Central Kentucky Riding for Hope, Inc. I acknowledge the risks and potential for the risks of a horseback-riding program and horse related activities. However, I feel the possible benefits to myself and the clients I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damage against Central Kentucky Riding for Hope, Inc. and The Kentucky Horse Park, its Board of Directors, Employees, Instructors, Therapists, Aides, Volunteers, Equines, Equine Owners, Equipment and the Operating Site for any and all injuries and/or losses I may sustain while participating at Central Kentucky Riding for Hope, Inc.

"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."

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of parent/guardian if volunteer is under 18 years of age

### Photo Release

\_\_\_\_\_ I DO \_\_\_\_\_ I DO NOT consent to and authorize the use and reproduction by Central Kentucky Riding for Hope, Inc. of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibits, electronic publications (including World Wide Web) or for any other use for the benefit of the program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of parent/guardian if volunteer is under 18 years of age



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## Volunteer's/Personnel's Authorization for Emergency Medical Treatment

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies to medication: \_\_\_\_\_

Current Medication: \_\_\_\_\_

### Person(s) to be contacted in case of an emergency:

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone \_\_\_\_\_

3. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone \_\_\_\_\_

## Volunteer Consent and Release

### Consent for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury while participating in the services of, or while being on property of, Central Kentucky Riding for Hope (CKRH), I authorize CKRH to secure and retain medical treatment and/or transportation if needed. This authorization includes any treatment deemed necessary by a treating health care professional and includes but is not limited to x-ray, surgery, hospitalization, and medication. In addition, I authorize CKRH to release my/my child/ my ward's record to any individual involved in medical treatment and/or necessary transportation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of parent/guardian if volunteer is under 18 years of age



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## Confidentiality Policy

Central Kentucky Riding for Hope (CKRH) recognizes the right of participants/riders and their families to have privacy and control over any information that might be personal or sensitive. In order to respect that right, CKRH has adopted the following policy regarding confidentiality.

Those bound by the directives of this policy are ALL persons in anyway connected with CKRH, including but not limited to: full and part-time staff, volunteers, board members, temporary employees, independent contractors, and instructor workshop/training/certification participants. Any person violating these policies will be subject to penalties ranging from reprimand to alteration of job responsibilities to termination to legal action.

Information considered to be confidential includes all medical, familial, social, referral, personal, and financial concerns regarding a participant and/or his/her family. Such information is considered confidential regardless of how it is obtained, whether directly from the participant or family, CKRH staff, volunteers or others association with CKRH, or inadvertently from other sources, such as but not limited to a chart, computer screen or overheard conversation.

Instructors may deem it necessary to inform individuals directly associated with participant/rider medical/behavior information related to providing therapeutic riding services to the participant/rider. This information will be used solely for therapeutic riding purposes.

Consent to disclose information to outside individuals or agencies, including photographs and videotapes, should be obtained in writing from the proper legal representative. Adults age 18 and over with development disabilities are presumed to be competent to give consent unless they have specifically been found incompetent in a court of law. In such case, a substitute decision-maker would be assigned, and any consent must be obtained from that decision-maker.

I have read and understand the CKRH confidentiality policy as described above and agree to observe its principles.

➔ Name: \_\_\_\_\_ Date: \_\_\_\_\_

➔ Signature: \_\_\_\_\_

➔ Signature of parent/guardian if under 18 years old: \_\_\_\_\_



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### Background Information

**Please Note: CKRH cannot accept applicants into volunteer programs who have been arrested for, or convicted of, crimes against persons and/or animals. You will be subject to a background check as part of this application process.**

Due to the extreme vulnerability of our special needs community, a background check is required.

Have you ever been charged with or convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

Have you ever been listed on a registry for child abuse? \_\_\_\_\_ Yes \_\_\_\_\_ No

(please print)

Name \_\_\_\_\_

Current Address \_\_\_\_\_

Current Driver's License  N  Y License Number \_\_\_\_\_ State \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of birth \_\_\_\_\_

I, \_\_\_\_\_ authorize Central Kentucky Riding for Hope, Inc. 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.

I understand that such access is for the purpose of considering my participation as a volunteer/personnel, and that I expressly DO NOT authorize the operating center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

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

Signature of parent/guardian if volunteer is under 18 years of age

*The above personal information will be kept strictly confidential. Access to this information is restricted to paid staff personnel only.*

*Thank you for your cooperation.*