



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. 242 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: _____

Requests should be accompanied by two self addressed, stamped envelopes – one bearing the name and address of the requesting agency/organization and the other bearing the name and address of the applicant.

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



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

____ Horse Care

____ Handling a horse

____ Horse Training

____ Ground lessons – assisting a student with horse care

____ Budget & Finance

____ Volunteer Management

____ Public Relations

____ Photography/Videography

____ Media Relations

____ Special Events Organization

____ Grant Writing

____ Web Page Design/Maintenance

____ 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 information regarding the medical histories of 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: _____



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: _____



Authorization for Emergency Medical Treatment Form

Volunteer Name: _____ DOB: _____

In case of emergency, please contact:

Name/Relationship: _____ Cell Phone: _____ Home Phone: _____ Other Phone/Pager: _____

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: _____



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, volunteers and Board members, 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: _____