



Dream Riders OF KENTUCKY

For office use only: 2026
 Orientation date: _____
 Training date: _____
 Volunteer update training: _____
 Class placement: _____
 Substitute day and time: _____
DRK initial start date: _____

2026 VOLUNTEER APPLICATION

4705 Winkler Road, Philpot, Kentucky, 42366
 270 613-0079

Date: _____

Name: _____

Address: _____
Street City State Zip

DOB: _____ Work Phone: _____ Cell Phone: _____

E-mail (**PRINT CLEARLY**): _____

Veteran or Active Duty of U. S. Military Forces: ___ Yes ___ No **First Responder:** ___ Yes ___ No

Emergency Contact Name: _____ Cell Phone: _____

Best way to contact you: Cell Phone Email Text Message

Employer/School: _____

Address: _____

All volunteers must be 14 years of age or older

(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**) _____

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 all areas in which you are interested:

- | | | | |
|---|--|---|--------------------------------------|
| <u>Program</u> | <u>Special Events</u> | <u>Administration</u> | <u>Facility/Grounds</u> |
| <input type="checkbox"/> Horse Handling | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Photography/Video | <input type="checkbox"/> Mowing |
| <input type="checkbox"/> Assisting Participants | <input type="checkbox"/> Gala/silent auction | <input type="checkbox"/> Budget & Finance | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Care of horses | <input type="checkbox"/> Outreach/social media | <input type="checkbox"/> Data entry, updating files | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Other area of expertise or interest: _____ | | | |



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Briefly explain your experience working with people with disabilities _____

Briefly describe your experience with horses _____

Most volunteers help 1 to 3 hours per week. At the end of your training, you will be asked to commit to an 8 week class (at least 1 per week)

**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.**

Feeding and barn chores 7-9 am or 3:30 – 5:30 pm

Monday AM PM Tuesday AM PM Wednesday AM PM Thursday AM PM Friday AM PM
Saturday AM PM Sunday AM PM

Assisting with Classes afternoons/evenings

Monday Tuesday Thursday Saturday morning

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

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/Guardian 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)

NO SMOKING, NO VAPING, or TOBACCO USE AGREEMENT

Dream Riders of Kentucky, Inc. promotes wellness for all concerned, and therefore is a no-smoking, no-vaping, no tobacco use facility. I understand that I will not smoke, chew, vape, or snuff anywhere on the Dream Riders of Kentucky, Inc. property.

Signature: _____ Date: _____
(Volunteer/Staff)

Signature: _____ Date: _____
(Parent/Guardian if under 18)



Dream Riders OF KENTUCKY

Dream Riders of Kentucky (DRK) Volunteer/Participant/Guest Dismissal Policy

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

- a) Disruptive behavior that is counterproductive to the benefit of anyone equine or human at **DRK**.
- b) Any purposeful act of compromised safety related to any equine, human or self at **DRK**.
- c) No longer suited, willing or able to perform activities at **DRK** safely or as directed.
- d) Not adhering to the no tobacco policy including no smoking, chew, vape, or snuff anywhere on the Dream Riders of Kentucky, Inc. property.

Procedure:

- a) All participants/volunteers/guests who meet the criteria of dismissal will be asked to meet with the Board of Directors to discuss the behavior/issue in question.
- b) The Board of Directors 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, banned from the *Dream Riders of Kentucky* property or from 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: _____