Training Date: _____

Background Check: _____

Donor Snap: _____

*Milestones Inc.*
*Equestrian Achievement Program*
A not-for-profit therapeutic horseback
riding program for individuals with disabilities

# MILETSONES VOLUNTEER APPLICATION

Please fill out all the requested information below

Name: _____ Phone: _____

Email: _____

Birthdate: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____
or
School: _____ Grade: _____

**References:** Please list the names of three references (must be over the age of 18) who can judge your suitability for this position.

I Authorize these references to release information regarding me.

Signature_____
(Parent or guardian if under 18)

Please list the names and email addresses of your three references (if no email is available please list phone):

1)_____

2)_____

3)_____

How did you hear about Milestones: _____

**Photo Release –** I consent to and authorize the use and reproduction by Milestones of any and all photographs and any other audio-visual materials taken of me for promotional material, social media and website exposure, educational activities, and exhibitions or for any other use for the benefit of Milestones.

Signature _____ Date _____
(Parent or guardian if under 18)

☐ I do not consent.

**Confidentiality Policy**- I understand that information about horse and riders' medical histories is shared with volunteers on a need-to-know basis in order to enhance the effectiveness and safety of the equestrian program and remains confidential. Also, all information on volunteer applications is confidential. I support this policy.

Signature of Volunteer_____ Date _____

Signature (Parent or guardian if under 18)_____ Date _____

**Authorization for Emergency Medical Treatment**- In case of emergency, contact:

| Name/ Relationship | Day Phone | Evening Phone | Cell Phone |
|---|---|---|---|

1)_____

2)_____

3)_____

Please note any medical considerations including allergies (bee sting, asthma, etc.); heart conditions; tennis elbow; conditions requiring regular physician's care; and prescribed medications taken regularly that might impact your volunteer experience especially in the event of a medical emergency. All information is confidential.
**In the event of an emergency,** please check **one** of the following plans and complete the information:

☐ **CONSENT PLAN -** In the event of an emergency, I authorize Milestones to make health care decisions with respect to the volunteer named.

Signature_____ Date _____
(Parent or guardian if under 18)

Physician's name: _____ Phone: _____

Preferred Medical Facility: _____

☐ **NON-CONSENT PLAN -** In the event of an emergency, I do NOT grant authorization to Milestones to make health care decisions concerning the volunteer.

Signature_____ Date _____
(Parent or guardian if under 18)

If the NON-CONSENT plan is checked, please specify below the procedure to be followed if the volunteer becomes ill or is involved in an accident.

_____

_____

**Liability Waiver:** 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 Milestones, Inc. By signing your name below you acknowledge that Milestones, Inc. has fully explained the scope of the riding program, including potential for serious injury which can occur from riding, caring for, and being around horses and farms.

Because of the potential benefits of Milestones, Inc.'s volunteer and equestrian programs, you agree to waive any claim which the above named volunteer or anyone accompanying the volunteer may have against Milestones, Inc., its employees, and volunteers, 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.

Signature_____ Date _____
(Parent or guardian if under 18)

**Volunteer Application - Background Check -** Volunteer Applicants who are 18 years old and over, please complete this section below.

Have you been convicted of a felony __ Yes __ No. If yes, explain in detail _____
_____

**REQUEST FOR KSP CONVICTION DATA AND SEX CRIMES -** A request is made for any Kentucky State Police 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: Milestones Inc., 12372 Riggs Road, Independence, KY 41051

Acknowledgment by Applicant:
I have applied as a volunteer in a position involving supervisory or disciplinary power over a minor. I know that the Kentucky State Policy (KSP) will provide the employer with any record I may have for convictions of a Kentucky State Police 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 ham1less the KSP and any KSP employee from any claim for damages arising for the dissemination of inaccurate information.

Applicant Information (please print):

Name _____
(Last) (First) (Middle) (Maiden)

Sex_____ Race_____ Social Security Number: _____

Signature_____ Date _____