



## VOLUNTEER APPLICATION

NAME(PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

Best phone number to reach you: Home or Cell and best time to call \_\_\_\_\_

Can we call you if we are shorthanded? Yes \_\_\_\_\_ No \_\_\_\_\_

E-MAIL \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OFF SEASON MAILING ADDRESS IF DIFFERENT FROM ABOVE: (May thru Oct)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

**Specialty Certifications:** (not required to volunteer) CPR, RN, EMT, FIRST AID, LPN, CERT, OTHER, please list type and expiration \_\_\_\_\_

**Experience with Horses and /or disabled persons:** (not required to volunteer) No \_\_\_\_\_ Yes \_\_\_\_\_  
 if yes, please describe experience and how many years

**Horses:** \_\_\_\_\_ **Disabled Persons:** \_\_\_\_\_

**AVAILABLE DAY(S):** [ ] WEDNESDAY [ ] THURSDAY [ ] FRIDAY [ ] SATURDAY

Lessons: Are scheduled typically between 8:30am – 12:30pm. Times may vary each day.

**FUND RAISING:** I WOULD ALSO LIKE TO HELP WITH OTHER COMMITTEES CHECKED

[ ] Pets on Parade [ ] Riders Awards [ ] Spring Fling Event [ ] General Fund Raising

[ ] Other, please specify: \_\_\_\_\_

**RANCH MAINTENANCE:** I would like to volunteer my skills and / or help with tasks: [ ] Carpentry /

Repairs [ ] Painting [ ] Gardening [ ] Office / Computer

Other: please explain

**SIGNATURE** X \_\_\_\_\_ **PRINT NAME** \_\_\_\_\_



# Pegasus Therapeutic Riding

All Special Needs, All Ages

## VOLUNTEER INFORMATION / RELEASE / WAIVER FORM

**Are you in the** (please circle) Military or a Veteran? Yes / No

**Are you Doing** (please circle) Nursing or School service hours? Yes \_\_\_\_\_ No \_\_\_\_\_ What School: \_\_\_\_\_ Number of Hours Needed \_\_\_\_\_

**ARE YOU HERE FOR COURT APPOINTED SERVICE?** YES \_\_\_\_\_ NO \_\_\_\_\_

What District and Judge: \_\_\_\_\_

Offence sentenced for: \_\_\_\_\_ Hours needed \_\_\_\_\_

● **PHOTO RELEASE:** Pegasus will have photographers and the media capturing therapeutic activities with photos, audio and video film through the season / year. With your presence, participation, and activity at Pegasus you are presumed to have agreed to your appearance in any promotional material, educational material, not limited to this list or any other use for the benefit of Pegasus with or without your signature. Exception, you must write "I do not authorize my photo to be taken" Then it is your responsibility to not participate in the program the day the photos and /or media are shooting photos or filming.

**SIGNATURE X** \_\_\_\_\_

**Applicant Signature or Parent / Guardian if under 18 Yrs. Date**

● **Liability / Release / Waiver:** As a **volunteer or visitor** at Pegasus Therapeutic Riding, I do acknowledge the potential risks for (NO FAULT) injury or death when participating in or visiting this therapeutic program. I feel the benefits of participating in the program or as a bystander are greater than the assumed risks to me or any persons with me as a visitor. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrator, waive and release forever all claims for damages against Pegasus Therapeutic Riding, from the following, but not limited, to its Board of Directors, Instructors, Volunteers, Staff, Therapist, Stables, or Property Owner(s) from any and all injuries and / or losses that I may sustain while participating in or visiting Pegasus Therapeutic Riding, therapeutic riding program.

**SIGNATURE X** \_\_\_\_\_

**Applicant Signature or Parent / Guardian if under 18 Yrs. Print Name Date**

● **Background Checks:** Have you ever been convicted of a criminal offense or Felony or are you on parole? Yes \_\_\_\_\_ NO \_\_\_\_\_ if yes please explain \_\_\_\_\_

All Volunteer applicants of 18 years and older may be subject to a criminal background check before they begin their services at Pegasus Therapeutic Riding. Pegasus has the right to reject any one who has been convicted of crimes involving but not limited to the following, violence, alcohol, theft and any other crime that Pegasus deems may pose possible risks to riders, volunteers, and staff, including but not limited to this list. Record checks include inquiries of social security number, information from National Criminal File that includes state criminal records, prison parole, release files and sex offender registries Pegasus also has the right to reject any applicant who refuses to comply with a criminal records check. **ALL information will be keep STRICKLY CONFIDENTIAL BY PEGASUS**

**SIGNATURE X** \_\_\_\_\_

**Signature if 18 yrs. or older Social Security Number Birthdate**



# PEGASUS THERAPEUTIC RIDING

All Special Needs, All Ages

## VOLUNTEER EMERGENCY CONTACT MEDICAL TREATMENT FORM

**RESTRICTIONS IN THE ARENA:** Please circle any physical restrictions you may have.  
Walking~ Running ~ Standing ~ lifting ~ Other \_\_\_\_\_

### EMERGENCY CONTACTS:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**IN THE EVENT OF AN EMERGENCY:** I give Pegasus Therapeutic Riding authorization to call 911 for emergency personnel to evaluate my injury or illness and transport me to the nearest emergency facility if required.

### **SIGNATURE x**

Applicant Signature or Parent / Guardian if under 18 years Date

\*Parent or Guardian must sign in the presence of Pegasus Director if Volunteer is under 18

### LIST ANY HEALTH ISSUES THAT MEDICAL EMERGENCY PERSONNEL SHOULD BE AWARE OF IN THE EVENT OF AN EMERGENCY

Conditions: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Allergies to Medications: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**I AGREE THAT:** Pegasus Therapeutic Riding is not responsible for any cost incurred for any medical expenses due to medical emergency, transportation, treatment or tests, not limited to this list. All cost will be the responsibility of the volunteer / visitor.

**MEDICAL CONSENT:** Please sign **Either** the **CONSENT** or **NON- CONSENT** option

**SIGNATURE REQUIRED**

### **CONSENT X**

Applicant or Parent / Guardian of minor Print Name Date

### **NON-CONSENT**

Applicant or Parent / Guardian of minor Print Name Date

\*\*\*Parent / Guardian must sign in the presence of Pegasus Director if Volunteer is under 18

**CONFIDENTIALITY POLICY:** We respect the privacy and confidentiality of our volunteers and our riders and we request and expect the same from our volunteers.

**ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL BY PEGASUS**

Thank you for your interest in volunteering

You will be notified by a Pegasus representative as to whether or not you have been selected or not to be a volunteer.