



PEGASUS PROJECT

Volunteer Annual Update Form - 2010

Volunteer Name: _____ Date: _____

Home Address: _____ City: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email address: _____

Please check the box (you may check more than one) that describes your interest(s) in volunteering for 2009:

Horse and Client Related Opportunities:

- Side Walker
- Horse Leader
- Hippotherapy
- Horse & Barn Maintenance

Non-Horse Related Opportunities:

- Office/Administrative assistance
- Fundraising
- Special Events
- Other: _____

2009 Sessions Available:

- Session I (February 1 thru March 26)
- Session II (April 12 thru June 18)
- Session III (July 5 thru Sept 10)
- Session IV (Sept 27 thru Dec 10)

Days Available:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Times Available:

- Before 3 PM
- 3:00 PM
- 4:00 PM
- 5:00 PM
- 6:00 PM

Comments: _____

Emergency Medical Release:

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Do you have health insurance? Yes No

If yes, name of health insurance provider: _____ Policy #: _____

Preferred medical facility: _____

In the event of a medical emergency, I authorize the Pegasus Project therapeutic riding center and/or its designated agents to authorize such medical assistance as it deems necessary. I further authorize any licensed physician and/or medical surgical and/or hospitalization deemed necessary or advisable.

Do you authorize? Yes No

Consent Signature: _____ Date: _____

Volunteer Pledge:

As a volunteer of Pegasus, we ask that you read fully and agree to follow the guidelines, policies, and standards set forth by the center. This includes the rights and responsibilities of volunteers, the volunteer conduct pledge, volunteer dismissal policies, and confidentiality policies.

I have read and agree to the policies, as listed above.

Signature: _____ Date: _____