



PEGASUS PROJECT

Volunteer Application

Volunteer Information:

Name: _____ Date of birth: _____ Date of application: _____

Home Address: _____ City: _____ Zip: _____

Work Address: _____ City: _____ Zip: _____

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

Email address: _____

Parent/Guardian (if under 18 yrs.) name and address:

Name: _____ Address: _____ City: _____ Zip: _____

If student, name of school: _____

How did you learn about the Pegasus Project? _____

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

Horse and Client Related Opportunities:

- Preparing horse for lesson/leading horse
- Side walking with a client
- Horse show at facility
- Exercise/Conditioning horses

Non-Horse Related Opportunities:

- Office/Administrative assistance
- Public Relations
- Fundraising events
- Photography
- Barn Maintenance

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: _____

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury while on the property of the agency. In the event emergency medical treatment/aid is required, I wish the following procedures to take place:

Non-consent signature: _____ Date: _____

Health History:

Please describe any health related concerns that may cause concern or prevent you from participating as a volunteer in a therapeutic riding program. Please address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Please list any allergies: _____ Current medications: _____

Background information:

Have you ever been charged with or convicted of a crime? Yes No

If yes, please explain: _____

I, _____ (Volunteer), authorize the Pegasus Project to receive information from any law enforcement agency, police department and sheriff 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 or crimes committed upon children.

I understand that such access is for the purpose of considering my application as an employee/volunteer and that I expressly DO NOT authorize the NARHA Center, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, and corporation.

Signature: _____ Date: _____

Do you have a current driver's license? Yes No If yes, license # _____

I attest that the above information is accurate to my knowledge and I know of no reason why I should not participate in this program. * *Must be signed by parent/guardian, if under 18 yrs of age.*

Signature: _____ Date: _____

Photo Release:

I consent to and authorize the use and reproduction by Pegasus Project of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program. * *Must be signed by parent/guardian, if under 18 yrs of age.*

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: _____