



PEGASUS

Pegasus Therapeutic Riding
310 Peach Lake Road
Brewster, NY 10509-1715

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pegasustr.org

Founded in 1975, Pegasus is a PATH International Premier Accredited Center

Volunteer Information Form and Health History

TODAY'S DATE _____

Name: _____ Date of Birth: _____ Gender: M F

Address: _____ City: _____ ST: _____ Zip: _____

Primary phone: _____ Alternate phone: _____

E-mail: _____

Employer: _____ Occupation: _____

School: _____

Please note that Pegasus Therapeutic Riding will not accept applicants into our volunteer program who have been arrested for or convicted of crimes, including but not limited to those against persons and/or animals, arson, theft, firearms possession, narcotics possession. You may be subject to a background check.

EMERGENCY MEDICAL TREATMENT INFORMATION

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Pegasus Therapeutic Riding to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Allergies: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relationship: _____

Phone H / C / W: _____

Name: _____ Relationship: _____

Phone H / C / W: _____

Name: _____ Relationship: _____

Phone H / C / W: _____



CONSENT PLAN

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed “lifesaving” by the physician. This provision will only be invoked if the person(s) listed is/are unable to be reached. **CONSENT** **DO NOT CONSENT**

CONFIDENTIALITY AGREEMENT

I understand that all information (written and verbal) about PEGASUS THERAPEUTIC RIDING, INC. participants is confidential and will not be shared with anyone without the expressed written consent of the participant or if a minor, their parent/guardian/conservator. **CONFIRM**

VOLUNTEER WAIVER OF LIABILITY

As a visitor/volunteer to PEGASUS THERAPEUTIC RIDING, INC. I acknowledge the risks and potential thereof in horseback riding, related equine activities and use of PEGASUS THERAPEUTIC RIDING, INC. facilities. However, I feel that the possible benefits to myself/my child/my ward/my clients are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs, successors, assigns, executors and administrators, waive and release forever discharge the said my heirs, successors, assigns, executors and administrators all claims for damages against PEGASUS THERAPEUTIC RIDING, INC., its Board of Directors, instructors, therapists, aids, volunteers, employees and/or any farms, stables, clubs and its officers, directors, employees, agents, landowners and members for any and all injuries and/or losses I/my child/my ward/my clients may sustain while participating in activities from whatever cause including, but, not limited to the negligence of these released parties. This hold harmless agreement shall extend to all activities engaged in including but not limited to equine activities, horseback riding and use OF PEGASUS THERAPEUTIC RIDING, INC. facilities. I have read and understood the foregoing and fully consent to the provisions contained herein. **CONFIRM**

PHOTO RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to PEGASUS THERAPEUTIC RIDING, INC. permission to take or have taken still and moving photographs and films including television pictures of my child/self and consents and authorizes PEGASUS THERAPEUTIC RIDING, INC., its advertising-agencies, news media, and any others persons interested in PEGASUS THERAPEUTIC RIDING, INC., and its work, to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including but not limited to newspapers, television media, email, website, social media, brochures, pamphlets, instructional material, books, clinical material, and any other form of media. With respect to the foregoing matters, no inducements or promises have been made to me/us to secure my/our signature(s) to this release other than the intention of PEGASUS THERAPEUTIC RIDING, INC. to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding PEGASUS THERAPEUTIC RIDING, INC. and its work. **CONSENT** **DO NOT CONSENT**



VOLUNTEER QUESTIONNAIRE

Thank you for your interest in volunteering with Pegasus Therapeutic Riding. Please complete the following questionnaire along with the Volunteer Information Sheet.

How did you hear about Pegasus Therapeutic Riding? (e.g. website, newspaper, school, friend, etc.):

What is your availability? (Check all that apply):
(Classes are held Monday through Saturday with some Special Events)

- Weekday mornings Weekday afternoons
- Saturday mornings Saturday afternoons

While most volunteer opportunities are in program, we also offer volunteer opportunities in other areas. Please indicate any other areas of interest:

- Barn Garden Facilities/Maintenance Development/Events

Do you have horse experience? (Check one): Yes No

If Yes, please explain: _____

Do you have training or experience working with people with special needs? Yes No

If Yes, please explain: _____



Do you have health issues or physical limitations that we should be aware of? Yes No

If Yes, please explain: _____

Please provide a minimum of one reason you are interested in volunteering for Pegasus

Therapeutic Riding: _____

Are you here to fulfill community service or organization's volunteer requirements? Yes No

If Yes, please explain: _____

Please list the names of any programs or agencies for which you have volunteered in the last 5 years and briefly describe your duties:

Agency/Program: _____

Duties: _____

Agency/Program: _____

Duties: _____

Please list two individuals that we may use as references. Include their name, relationship to you and their contact information.

Name: _____ Relationship: _____

Phone H / C / W: _____

Name: _____ Relationship: _____

Phone H / C / W: _____



Please indicate any areas where you have experience and/or expertise (check all that apply):

- Fundraising Communications/Social Media Grant Writing Event Planning
- Photography/Video Arts/Crafts Music Gardening Sewing
- Veteran/Armed Forces At-Risk & Disadvantaged Individuals Social Work
- Psychology/Mental Health/PTSD Therapy (e.g. physical, occupational, speech)
- Maintenance Repairs and Improvements Serving on Non-Profit Board
- Other

If indicated, please explain: _____

Have you ever been arrested for or convicted of a crime? Yes No

Have you ever been listed on a registry for child abuse? Yes No

Have you ever been convicted of arson? Yes No

If Yes, please explain: _____

ACKNOWLEDGEMENT STATEMENT

"I certify that all the information provided on this form is true, accurate, and up to date, and guarantee to alert Pegasus staff to any changes or updates."

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature of parent/legal guardian/conservator of Volunteer in his/her name.

REQUIRED if Volunteer is under 18.



BASIC RULES FOR VOLUNTEERS

ALL VOLUNTEERS WILL:

- Call the HOTLINE (845-669-8102) when unable to attend at regularly scheduled day and time – especially if your situation changes at the last minute
- Will not bring dogs or pets on the premises at any time
- Walk when on the premises (exception: emergencies)
- Use appropriate voices and avoid sudden movements, particularly near the horses
- Not chew gum or eat while in program
- Not use cell phone when in program for calls or texting (exception: emergencies.)
- Ask permission before taking any photographs or video
- Wear appropriate clothing and shoes. Shoes should be comfortable yet offer protection – no open toes. Avoid loose or floppy items, long earrings and necklaces. Refrain from using perfume or cologne which can attract bees and/or insects
- Not feed any animals unless instructed by Pegasus personnel
- Prior to the mounted and/or unmounted activities, inform the instructor of any changes in your medical condition that may impact your ability as a volunteer in program
- Inform the instructor and/or volunteer coordinator of any schedule changes or conflicts which would affect your attendance
- Absolutely not smoke anywhere on the premises
- Refrain from use of drugs or alcohol prior to and during program activities
- Follow Pegasus confidentiality agreement

Failure to follow the established safety procedures, demonstration of inappropriate and/or abusive behavior towards others, incidents due to the use of drugs or alcohol, and demonstration of mistreatment/abuse of equines and/or other animals on the site may result in immediate dismissal from Pegasus.

I have read and agree to adhere to the basic rules and procedures outlined above.

Signature

Date



Pegasus Therapeutic Riding, Inc. COVID-19 Acknowledgement of Risk & Acceptance of Services

I, _____ (Participant or Volunteer Name), am aware of the risks of contracting COVID-19 while at Pegasus Therapeutic Riding, Inc. ("Pegasus"). I am aware that face to face services may increase my risk of contracting and passing on the COVID-19 Coronavirus and agree to hold harmless Pegasus, its staff, participants, volunteers and all others I may come in contact with during the time of services.

I agree to follow all guidelines and policies required by Pegasus including:

- Performing a self-health check prior to coming and cancelling services if I am exhibiting symptoms of COVID-19 or have been in contact with someone who has tested positive or presented symptoms of COVID-19 such as cough, congestion or runny nose, fever or chills, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nausea or vomiting or diarrhea.
- Following Pegasus's policies for personal protection, social distancing and disinfecting, including wearing face covering upon arrival and throughout activities.
- Understanding my family members or caregivers will be required to remain in their vehicle or wait for me in designated area only as indicated by staff.

Pegasus will engage in regular cleaning and sanitizing of riding equipment, grooming supplies, helmets and frequently touched areas in between lessons as recommended by the CDC.

I agree to follow these policies and hold harmless all individuals associated with my services at Pegasus Therapeutic Riding, Inc.

Signature

Date