



**PEGASUS**

**Pegasus Therapeutic Riding**

310 Peach Lake Road  
Brewster, NY 10509-1715

P: (845) 669-8235

F: (845) 669-5249

**pegasustr.org**

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

Dear Prospective Volunteer,

Welcome to Pegasus Therapeutic Riding! Volunteers are at the core of Pegasus and your dedication, effort and commitment will help Pegasus fulfill its mission, to enhance the lives of individuals who have disabilities and challenges through equine assisted activities and education.

Our therapeutic programs include mounted (Therapeutic Riding) and unmounted (Therapeutic Horsemanship) activities. Through the development of riding and horsemanship skills, participants with physical, cognitive, and social-emotional challenges often make gains in the following areas, including but not limited to: recreation, social interaction, balance, posture, coordination, mobility, language, behavior, concentration, sequencing, and problem solving.

Pegasus offers a wide range of volunteering opportunities:

Program volunteers assist as Horse Leaders, Horse Handlers, and Sidewalkers. Horse leaders need a general knowledge of horses and are responsible for leading horses during classes. Horse Handlers need a general knowledge of horses and must have the ability to halter and lead horses and assist staff in preparation for classes. Sidewalkers do not need horse experience and are responsible for communicating with the participants and offering them physical and emotional support.

Barn volunteers assist with general barn chores and work directly with barn staff to care for the horses and get them ready for therapeutic programs.

For volunteers interested in non-program activities, Pegasus offers on an as-needed basis other opportunities to assist with special events, administrative tasks, gardening, and maintenance and repairs.

We ask that you carefully review the Pegasus Volunteer Manual and complete the attached application, prior to attending the required volunteer orientation. The purpose of the orientation is to ensure everyone working with our horses and participants knows and consistently uses the proper techniques. Attending an orientation is not a guarantee of placement as a volunteer. We want you to feel that volunteering at Pegasus will meet your goals and objectives and we need to be confident in your ability to perform the tasks we require from our volunteers in a safe and confident manner.

Should you have any questions, please contact the Volunteer Team at [volunteer@pegasustr.org](mailto:volunteer@pegasustr.org) or Volunteer Coordinator Diane Maudsley at [dmaudsley@pegasustr.org](mailto:dmaudsley@pegasustr.org); 845-669-8235 ext. 118.

We look forward to meeting you!

Sincerely,

Pegasus Volunteer Team



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## Volunteer Application and Information

TODAY'S DATE \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  M  F

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary phone: \_\_\_\_\_ H / C / W Alternate phone: \_\_\_\_\_ H / C / W

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.):

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**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

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

If Yes, please explain: \_\_\_\_\_

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

If Yes, please explain: \_\_\_\_\_

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**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 interest (check all that apply):**

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

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
- Arrive 15 minutes before the start of class
- 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
- 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, especially with lights or a flash
- Not feed any animals unless instructed by Pegasus personnel
- Absolutely not smoke anywhere on the premises
- Refrain from use of drugs or alcohol prior to and during program activities
- Will not bring dogs or pets on the premises at any time. Exceptions will be made for service dogs
- 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
- 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.

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**Signature**

**Date**