



# VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

**(Email is the preferred method of communication)**

Place of Employment & Position: \_\_\_\_\_  
and/or School Attending

Phone number(s) we can call in case of class cancellation or additional volunteer opportunities:

H \_\_\_\_\_ W \_\_\_\_\_ Cell \_\_\_\_\_

Best time: \_\_\_\_\_ Best time: \_\_\_\_\_ Best time: \_\_\_\_\_

**I am interested in the following areas to volunteer at Pegasus Farm (select all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Class volunteer (side walking or leading)     | <input type="checkbox"/> Light office work             |
| <input type="checkbox"/> Barn work (grooming, tack clean, stall clean) | <input type="checkbox"/> Fundraising Activities        |
| <input type="checkbox"/> Special Events                                | <input type="checkbox"/> Landscaping/Gardening         |
| <input type="checkbox"/> Pegasus Pantry (retail store)                 | <input type="checkbox"/> Housekeeping (Sat. a.m. only) |

Please mark the days you would be available (circle days or evenings), this is only to give us an idea for scheduling we will work your schedule around your availability.

Monday (day / eve)       Tuesday (day / eve)       Wed. (day / eve)  
 Thurs. (day / eve)       Friday (day / eve)       Sat. (day / eve)

Note any horse experience, special skills or areas of interest which would be beneficial to our program, as well as any training that you feel would be helpful to you as a volunteer:

\_\_\_\_\_  
\_\_\_\_\_

Are you certified in:     CPR       First Aid  
Are you a Veteran:     Yes       No

How were you referred to Pegasus? \_\_\_\_\_  
(Rev. 11/25/2013)

<p><b><i>*Office Use Only*</i></b></p> <p>User ID: _____</p> <p>First Call Date: _____</p> <p>First Vol. Date: _____</p> <p>Background Check Date: _____</p>
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## VOLUNTEER AGREEMENT

*Pegasus Farm is pleased to have you as a volunteer. In return for your valuable service, we ask for your cooperation with the following policies:*

- Volunteers must be 12 years or older. If volunteer is 12 or 13, they must be accompanied by parent.
- Please notify us if you're unable to be here on your regular day, our riders depend on you.
- Sign in at the volunteer center and the barn upon arrival, and out on the computer when you leave for the day.
- Treat all humans and animals with proper respect and consideration. Endless patience and compassion is required when working with our horses and riders.
- Dress appropriately for the work you will be doing and the weather. Always wear sturdy shoes or boots. No dangling jewelry is permitted. If your attire is inappropriate, you may be asked to change or leave the property.
- If unsure of tasks to perform, ask an Instructor or Staff. Always follow directions and safety rules when completing the tasks assigned to you. If you don't understand a procedure, ASK QUESTIONS.
- NO GUM is allowed in the barns or arenas.

**Pegasus Farm practices ZERO TOLERANCE.**

**I understand certain behaviors are not acceptable and will be cause for immediate dismissal from Pegasus Farm. These include but are not limited to:**

- 1. LACK OF RESPECT FOR PARTICIPANTS, STAFF, VOLUNTEERS, ANIMALS AND FARM PROPERTY.**
- 2. NO SMOKING ANYWHERE ON PEGASUS PROPERTY.**
- 3. NO WEAPONS ALLOWED.**
- 4. POSSESSION OR USAGE OF ANY ILLEGAL DRUG OR ILLEGAL SUBSTANCE. IN THIS INSTANCE POLICE WILL BE CALLED IMMEDIATELY**
- 5. ANY ACTION THAT PUTS OTHERS IN DANGER.**

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if minor)

\_\_\_\_\_  
Date

### PHOTO RELEASE

I  *DO*  *DO NOT*

Consent to and authorize the use and reproduction by Pegasus Farm of any and all photographs and any other audio-visual material taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if minor)

\_\_\_\_\_  
Date

**PEGASUS FARM  
VOLUNTEER RELEASE AGREEMENT**

I acknowledge and understand the inherent risks of equine activity which include but are not limited to: equine's unpredictable reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals, hazards involving surface or subsurface conditions, collision with another equine, animal, person or object; and the potential for me or my ward or others to act or fail to act in a manner that could result in injury, loss or death. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Pegasus Farm, it's Board of Directors, Instructors, Therapists, Aides, Volunteers and/or employees for any harm to my son/ daughter/ ward, family members, caregivers or myself while participating in Pegasus farm programs.

Volunteer Signature	Date	Parent Signature (if minor)	Date
Witness Signature	Date		

**VOLUNTEER EMERGENCY MEDICAL TREATMENT**

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_ City & Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**MEDICAL ALERT**

Medical conditions (i.e. asthma, heart condition, etc.)  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
Medication currently taking: \_\_\_\_\_  
Physician name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an emergency, please contact:

Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____

If the above cannot be reached, I, the undersigned, authorize the transfer of the above named person to a reasonably accessible hospital or medical facility, and authorize a licensed physician to administer emergency care. ***\*In extreme emergency you will be transported to the nearest hospital.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or guardian signature if under 18)

**Non-consent Plan**

I do not give my consent for emergency treatment/aid in the case of illness or injury during the process of volunteering or while being on the property of Pegasus Farm. In the event emergency treatment/aid is required, I wish the following procedure to take place: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or guardian signature if under 18)

(complete next page)

**NON-DISCLOSURE AGREEMENT**

The parties signing this agreement acknowledge that PEGASUS FARM has obtained the services of volunteers.

It is hereby agreed that:

**CONFIDENTIAL INFORMATION** The Volunteer hereby agrees that all information disclosed to the Volunteer at PEGASUS FARM related to all operations, level of income, financial data, medical history, and any other information concerning the operations of PEGASUS FARM are deemed to be confidential, and will not be disclosed to any third party without the written consent of PEGASUS FARM.

**TERM** The obligations of this agreement shall be continuous and shall survive the termination of the relationships between the parties, except, unless this provision is expressly waived in writing by PEGASUS FARM.

**ENTIRE AGREEMENT** The Volunteer agrees that this agreement constitutes the entire agreement between the Volunteer and PEGASUS FARM and may not be modified in whole or in part, except in writing by both PEGASUS FARM and the Volunteer in advance.

This agreement is entered into this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

by and between PEGASUS FARM and \_\_\_\_\_

Volunteer Name

SIGNED

\_\_\_\_\_

Volunteer Signature

WITNESS

\_\_\_\_\_

Pegasus Farm Staff