PEGASUS
Therapeutic Riding Center
All Special Needs, All Ages
501(c)(3) Non-profit Tax ID:95-3774003

VOLUNTEER APPLICATION FOR 2024/2025 SEASON

NAME (*PRINT*) _____ **DATE** _____

Best phone number to reach you: Home or Cell and best time to call _____

Can we call you if we are shorthanded? Yes ◯ No ◯

E-MAIL _____ **DOB** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

OFF SEASON MAILING ADDRESS IF DIFFERENT FROM ABOVE: (May thru Oct)

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

How did you hear about Pegasus?

_____

Specialty Certifications: (not required to volunteer) CPR, RN, EMT, FIRST AID, LPN, CERT, OTHER, please list type and expiration _____

Experience with Horses and /or disabled persons: (not required to volunteer) No ◯ Yes ◯
If yes, please describe your experience and how many years.

Horses: _____ **Disabled Persons:** _____

AVAILABLE DAY(S):

☐ WEDNESDAY	☐ THURSDAY	☐ FRIDAY	☐ SATURDAY
8:45am – 12:30pm	9:15am – 12:30pm	9:15am – 12:30pm	8:45am – 12:30pm

FUNDRAISING: I WOULD ALSO LIKE TO HELP WITH FUNDRAISING PLEASE CHECK

☐ General Fund Raising ☐ General Day of Event Help
☐ Other, please specify: _____

RANCH MAINTENANCE: I would like to volunteer my skills and / or help with tasks:
☐ Carpentry / Repairs ☐ Painting ☐ Gardening ☐ Office / Computer
Other: please explain

SIGNATURE X _____ **PRINT NAME** _____

Parent /Guardian if Applicant is under 18 yrs.
MUST BE 15 YEARS OF AGE OR OLDER TO VOLUNTEER

PEGASUS THERAPEUTIC RIDING CENTER, 20555 Mountain View Road Desert Hot Springs, CA 92241
P-760-772-3057 E- Mail: info@pegasusridingacademy.org

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VOLUNTEER INFORMATION / RELEASE / WAIVER FORM

Are you in the (please circle) Military or a Veteran? Yes / No
Are you Doing (please circle) Nursing or School service hours? Yes ____ No ____ What School: _____ Number of Hours Needed _____

ARE YOU HERE FOR COURT APPOINTED SERVICE? YES ____ NO ____
What District and Judge: _____
Offence sentenced for: _____ Hours needed _____

● **PHOTO RELEASE:** Pegasus will have photographers and the media capturing therapeutic activities with photos, audio and video film through the season / year. With your presence, participation, and activity at Pegasus you are presumed to have agreed to your appearance in any promotional material, educational material, not limited to this list or any other use for the benefit of Pegasus with or without your signature. Exception, you must write **"***I do not authorize my photo to be taken***"** Then it is *your responsibility* to not participate in the program the day the photos and /or media are shooting photos or filming.

SIGNATURE X _____ _____
Applicant Signature or Parent / Guardian if under 18 Yrs. **Date**

●**Liability / Release / Waiver:** As a **volunteer** or **visitor** at Pegasus Therapeutic Riding, I do acknowledge the potential risks for (NO FAULT) injury or death when participating in or visiting this therapeutic program. I feel the benefits of participating in the program or as a bystander are greater than the assumed risks to me or any persons with me as a visitor. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrator, waive and release forever all claims for damages against Pegasus Therapeutic Riding, from the following, but not limited, to its Board of Directors, Instructors, Volunteers, Staff, Therapist, Stables, or Property Owner(s) from any and all injuries and / or losses that I may sustain while participating in or visiting Pegasus Therapeutic Riding Center and therapeutic riding program.

SIGNATURE X_____ _____
Applicant Signature or Parent / Guardian if under 18 Yrs. **Print Name** **Date**

● **Background Check:** Have you ever been convicted of a criminal offense or Felony or are you on parole? Yes ____ NO ____ if yes please explain _____

All Volunteer applicants of 18 years and older may be subject to a criminal background check before they begin their services at Pegasus Therapeutic Riding. Pegasus has the right to reject any one who has been convicted of crimes involving but not limited to the following, violence, alcohol, theft and any other crime that Pegasus deems may pose possible risks to riders, volunteers, and staff, including but not limited to this list. Record checks include inquiries of social security number, information from National Criminal File that includes state criminal records, prison parole, release files and sex offender registries Pegasus also has the right to reject any applicant who refuses to comply with a criminal records check. **ALL information will be KEPT STRICTLY CONFIDENTIAL BY PEGASUS**

SIGNATURE X _____ _____
Signature if 18 yrs. or older **Date**

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VOLUNTEER EMERGENCY CONTACT MEDICAL TREATMENT FORM

RESTRICTIONS IN THE ARENA: Please circle any physical restrictions you may have.
Walking~ Running ~ Standing ~ lifting ~ Other _____

☐ ☐ ☐ ☐ ☐

EMERGENCY CONTACTS:

Name: _____ **Phone:** _____ **Cell:** _____

Name: _____ **Phone:** _____ **Cell:** _____

IN THE EVENT OF AN EMERGENCY: I give Pegasus Therapeutic Riding authorization to call 911 for emergency personnel to evaluate my injury or illness and transport me to the nearest emergency facility if required.

SIGNATURE x _____ _____
Applicant Signature or Parent / Guardian if under 18 years **Date**

***Parent or Guardian must sign in the presence of Pegasus Director if Volunteer is under 18**

LIST ANY HEALTH ISSUES THAT MEDICAL EMERGENCY PERSONNEL SHOULD BE AWARE OF IN THE EVENT OF AN EMERGENCY

Conditions: _____ **DOB:** _____
Medications: _____
Allergies to Medications: _____

Physician: _____ **Phone:** _____

I AGREE THAT: Pegasus Therapeutic Riding is not responsible for any cost incurred for any medical expenses due to medical emergency, transportation, treatment or tests, not limited to this list. All cost will be the responsibility of the volunteer / visitor.

MEDICAL CONSENT: Please sign **Either** the **CONSENT** or **NON- CONSENT option**
SIGNATURE REQUIRED

CONSENT X _____ _____ _____
Applicant or Parent / Guardian of minor **Print Name** **Date**

NON-CONSENT _____ _____ _____
Applicant or Parent / Guardian of minor **Print Name** **Date**

***Parent / Guardian must sign in the presence of Pegasus Director if Volunteer is under 18**

CONFIDENTIALITY POLICY: We respect the privacy and confidentiality of our volunteers and our riders and we request and expect the same from our volunteers.

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