Volunteer Application



Office Use Only
UserID:
First Call Date:
First Vol. Date:
Background Check Date:

Full Name (First, Middle, Las	st):		\ge:	DOB
Address:		City, Zip Code_		
Email Address:				
Place of Employment & Posi	tion:			
School Attending	7000	Major:		
Phone number(s) we	can call in case of class cancellation	on or additional volunt	eer opport	unities/information:
Cell	Home	Work_		
I would like to volunt	eer my services to Pegasus Farm in	the following areas, *	indicate h	igh need areas:
* Class volunte	er (side walking or leading)	* At Cou	intry Store	e & Gardens
* Barn work (g	rooming, tack clean, stall clean)	Fundrai	sing Activ	ities
Special Events		* Landso	:aping/Gar	dening
availability. Classes a from 11:00 to 2:00 an	you're available, this gives us an i are mainly held in the evening Mo ad Saturday from 10:00 to 3:00. W dening would be Monday thru Fri	onday thru Friday 4:00 orking in the Country	to 8:00, or Store & G	n Friday morning ardens or helping
Monday	(day / eve) Tuesday (day / eve)	lay / eve)	Wed	l. (day / eve)
Thurs. (c	day / eve)Friday (day	/ eve)	Sat.	(morning / afternoon)
•	pecial skills or areas of interest whou feel would be helpful to you as		ıl to our pı	rogram,
Are you certified in:				
How were you referred to Pe	egasus?			

(Updated April 2021)

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				
VO	LUNTEER EMERGE	ENCY MEDICAL TREATMENT			
Name of Volunteer:	· ·	Date of Birth:			
Home Telephone:	Work Tele	ephone: Cell:			
Address:	City & Zip Code:				
MEDICAL ALERT Medical conditions (i.e. asthma,	heart condition, etc.):				
Allergies:					
Medication currently taking:					
Physician name:		Phone:			
In the count of an amount of	1				
In the event of an emergency, p Name:		Relationship: _			
		-			
Name: Name:	Phone:				
	I none.		••		
If the above cannot be reached,	I, the undersigned, authoriz	ze the transfer of the above named person to a reas	onably accessible		
	authorize a licensed physici	ian to administer emergency care. *In extreme em			
Signature:		Date:			
(Parent or guardian signatu					
Non-consent Plan					
		e case of illness or injury during the process of volu			
place:		ency treatment/aid is required, I wish the followin			
Signature:		Date:			
(Parent or guardian signat					

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/guardian at all times.
- 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 sign-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 member. 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 PROPERITY.
- 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. INAPPROPRIATE LANUAGE.
- 6. ANY ACTION THAT PUTS OTHERS IN DANGER.

Volunteer Signature	Date	Parent Signature (if minor)	Date
PHOTO RELEASE			
I DO	□ DO NOT		
Consent to and auth	orize the use and reproduction by	Pegasus Farm of any and all photographs and	l any other audio-vis
	e for promotional material, educa	tional activities, exhibitions, or for any other t	use for the benefit of

NON-DISCLOSURE AGREEMENT

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

It is hereby agreed that:

CONFIDENTAIL INFORMATON 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 on this day of,,				
by and between	PEGASUS FARM and			
	Volunteer Name (print)			
SIGNED				
-	Volunteer Signature			
WITNESS				
	Pegasus Farm Staff			