



Therapeutic
Horseback Riding

VOLUNTEER REGISTRATION FORM

Today's Date: _____

Home Ph: _____

Name: _____

Cell Ph: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

Work: _____

Work Phone: _____

Birth Date: _____

Height: _____

In case of cancellation, Phone Number you can be reached at: _____

Please check all that apply:

Program Volunteer:

- Leading a Horse
- Side-Walking with a Student
- Grooming/Saddling a Horse
- Horse Bather
- Horse Feeder
- Manure Clean-Up

Administrative Volunteer:

- Public Relations
- Fundraising
- Handy/Maintenance Person
- Volunteer Recruitment
- Newsletter

I would like to REGULARLY volunteer on _____

I would like to OCCASIONALLY volunteer, and I will call you when I can volunteer

What is your experience level with horses? *(Please circle & list any experience you have had)*

No Previous Experience

Little Experience _____

Much Experience _____



Do you have any other skills or training such as First Aid/CPR Certification? Can you sign for the deaf? Please List:

Please answer and sign where indicated the following questions/statements:

1. Have you ever been convicted of an offense involving the intentional infliction of physical injury upon a child, sexual abuse of a child or child abduction under the law of this state or any state?

Yes No

2. Do you use illegal drugs?

Yes No

(If you answered Yes to either of these 2 questions, you are automatically disqualified from volunteering for **Pegasus Special Riders**)

3. Have you ever been convicted of a felony?

Yes No (If yes, a supplemental form must be completed at this time)

I AFFIRM, UNDER PENALTY OF PERJURY, THAT THE ANSWERS TO THE ABOVE QUESTIONS ARE TRUTHFUL.

SIGNATURE _____ **DATED** _____

VOLUNTEER LIABILITY RELEASE

I the undersigned, am willing to volunteer my services at **PEGASUS SPECIAL RIDERS**. I acknowledge the risks and potential for risks of a horseback riding program, however, I feel that the possible benefits to myself and the clients I work with are greater than the risk assumed. 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 SPECIAL RIDERS**, it's board, instructors, therapists, volunteers and/or employees for any and all injuries and or losses I may sustain while participating, or in transit to and from the site.

SIGNATURE _____ **DATED** _____
(Parent/Guardian signature if under 18 years of age)



PHOTO RELEASE

I consent to and authorize the use and reproduction by **PEGASUS SPECIAL RIDERS** of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

SIGNATURE _____ **DATED** _____

CONFIDENTIALITY ACT

I understand that in the course of volunteering for **PEGASUS SPECIAL RIDERS**, I may be dealing with confidential information and I agree to keep said information in the strictest confidence. The relationship between **PEGASUS SPECIAL RIDERS** and volunteers is an at-will arrangement, and that it may be terminated at any time without cause by either volunteer or **PEGASUS SPECIAL RIDERS**. I will notify **PEGASUS SPECIAL RIDERS** of all changes to the information provided on these original forms. I affirm, under penalty of perjury, that I have read the above and that the information I have given is true and complete. No person can be accepted as a volunteer until these forms have been completed and signed.

SIGNATURE _____ **DATED** _____



HEALTH

Please list any health conditions including medications and/or special requirements that **PEGASUS SPECIAL RIDERS** should be aware of:

Can you walk for 60 minutes and jog for short distances? Yes No

Given a chance to change sides frequently, can you hold your arm above shoulder height and support a modest weight? Yes No

Are you comfortable working or walking around horses/ponies? Yes No

Do you have any experience with horses/ponies? Please specify:

WARNING: UNDER THE EQUINE ACTIVITY LIABILITY ACT, ADOPTED BY THE STATE OF ILLINOIS EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISKS OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR INJURY, LOSS OR DAMAGE TO PERSON OR PORPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES.



VOLUNTEER AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury during the process of rendering services, or while being on the property of the agency, I authorize PEGASUS SPECIAL RIDERS to secure and retain medical treatment and transportation if needed.

Volunteer's Name: _____ Phone # _____

Address: _____ City _____ State _____ Zip _____

In the event of a medical emergency, contact: _____ Phone # _____

Or: _____ Phone # _____

Physician's Name: _____ Phone # _____

Preferred Medical Facility: _____

Health Insurance Co: _____ Policy # _____

CONSENT PLAN

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person is unable to be reached.

Date: _____ Consent Signature: _____
(Volunteer, Parent or Guardian, if under 18)

Print Name: _____ Phone # _____

Address: _____

NON-CONSENT PLAN

I do not give my consent for emergency medical treatment in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Non-Consent Signature: _____
(Volunteer, Parent or Guardian if under 18)

Print Name: _____ Phone # _____

Address: _____

**PEGASUS SPECIAL RIDERS
SAFETY RULES**

Rules for ALL attending Pegasus Facility:

1. **There are NO dumb questions!!!** Please ask, if in doubt. Everyone is glad to help!
2. **No running or excessive noise within the barn/arena area!** A loud noise or sudden movement could cause a horse to shy and a student to fall. It is also distracting for the student, when trying to pay attention to the instructor's instructions.
3. **No Smoking at any time in the barn!**
4. **Do not feed the horses anything by hand,** as it encourages nipping. If you have anything to give them, use the horse-treat bowls which are for that purpose.

Rules Especially for VOLUNTEERS:

5. **If class is in session, everyone MUST walk around the outside of the building to get to the tack and feed areas!** When walking outside, be quiet, since voices carry in, when outside the building.
6. **Wear closed flat shoes suitable for walking or jogging, clothes neat, clean and workman-like.**
7. **Maintain a 6 – 10 foot distance between horses at all times.** Horses are not to be allowed to visit with each other when working or tied in the arena or stall area.

Rules Especially for STUDENTS:

8. **All riders must wear a helmet with a chin strap!**
9. **All riders must wear closed, flat sturdy shoes and long pants year round!**

These rules are in place to assure that all will BE SAFE & HAVE FUN!!!

**PEGASUS SPECIAL RIDERS, INC
CODE OF ETHICS & CONFIDENTIALITY STATEMENT**

Pegasus Special Riders is founded on the core belief that every individual deserves to be treated with dignity, consideration and respect. We serve a population with diverse special needs, and we achieve this through a willingness to learn and grow along with our clients – stretching our own abilities to communicate in new ways, think outside the box and find creative solutions to challenges. Respect, patience and consideration are to be at the heart of all interactions.

Confidentiality is a critical element to honoring the rights of our clients and their families. *Client information is not to be discussed outside the therapeutic setting, or with individuals who are not directly involved with client care.*

Within the therapeutic setting, communications about clients and/or their families is to be confined to the purpose of enhancing our ability to provide service while observing fundamental principles of individual dignity and respect.

I, _____, understand and will abide by the rules set forth by Pegasus Special Riders Inc, to practice safety in all circumstances. I also agree to and will abide by the Code of Ethics and Confidentiality Statement as set forth.

Volunteer Signature: _____ **Date:** _____