



DO NOT FAX, MAIL OR DROP OFF THESE FORMS. BRING WITH YOU TO ORIENTATION. CALL 215-742-1501 TO MAKE AN APPOINTMENT.

Pegasus Therapeutic Riding Academy, Inc.

www.pegasusridingacademy.com

VOLUNTEER REGISTRATION FORM

DATE: _____

NAME _____

HOME PHONE _____ CELL PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ E-MAIL ADDRESS _____

PARENT/LEGAL GUARDIAN/CAREGIVER NAME (if volunteer is under the age of 18) _____

PARENT/LEGAL GUARDIAN/CAREGIVER ADDRESS _____

PARENT/LEGAL GUARDIAN/CAREGIVER PHONE _____

EMPLOYER/SCHOOL _____

HOW DID YOU LEARN ABOUT THE PROGRAM? _____

VOLUNTEER AVAILABILITY (PLEASE CHECK)

Mon PM (5:15 – 8:15 pm) Wed PM (5:15 – 8:15) Sat AM (8:30 – 1:30)

Tues PM (5:15 – 8:15) Thurs AM (9:00 – 12:00) Sun PM (1:45 – 4:00)

Wed AM (9:30 – 12:30) Thurs PM (5:15 – 8:15)

Are you willing to be on our emergency call list if we are shorthanded? _____

ARE YOU DOING SCHOOL SERVICE HOURS? YES NO

Number of hours needed: _____

EACH VOLUNTEER IS RESPONSIBLE FOR TRACKING HIS/HER OWN HOURS USING A TRACKING SHEET. THESE SHEETS ARE AVAILABLE IN THE MAIN OFFICE AND MUST BE SIGNED AT THE END OF EACH DAY. IF THIS SHEET IS NOT SIGNED FOR EACH DAY THAT THE VOLUNTEER IS PRESENT, CONFIRMATION OF COMPLETED HOURS CANNOT BE GIVEN UNDER ANY CIRCUMSTANCES.

HORSE EXPERIENCE? YES NO Please Describe: _____

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HEALTH HISTORY

Volunteering at Pegasus Therapeutic Riding Academy is physically and mentally demanding. Safety is our #1 concern for both our volunteers and riders. Please let us know if there are any limitations regarding your current health status that might affect your ability to fully participate in our volunteer program. For example, allergies, asthma, seizure disorders, recent injuries or surgeries, cognitive limitations, or anything else that might impact the safety of the riders and/or horses and other volunteers.

Health Information: _____

Allergies: _____

Medications: _____

Cognitive Limitations: _____

Physical Limitations: _____

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in Pegasus Therapeutic Riding Academy's program.

Signature: _____ Date: _____
(volunteer OR parent/guardian/caregiver of volunteer if under 18)

PHOTOGRAPHIC RELEASE FORM FOR VOLUNTEERS

- I DO
 DO NOT

consent to and authorize the use and reproduction by Pegasus Therapeutic Riding Academy 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 _____ DATE _____
Volunteer

SIGNATURE _____ DATE _____
Parent/Guardian if volunteer is under 18 years of age

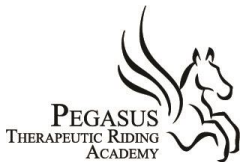
Confidentiality Agreement:

I understand that all information (written and verbal) about participants at Pegasus Therapeutic Riding Academy is confidential and will not be shared with anyone or anywhere without the expressed written consent of the participant and their parent/guardian in the case of a minor.

SIGNATURE _____ DATE _____
Volunteer

SIGNATURE _____ DATE _____
Parent/Guardian if volunteer is under 18 years of age

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LIABILITY WAIVER FOR VOLUNTEERS

KNOW ALL MEN BY THESE PRESENTS, That I _____
(Name of Volunteer or Parent /Guardian if Volunteer is under 18 years of age)

individually, or as Parent/Legal Guardian of _____, my
(Name of volunteer if volunteer is under 18 years of age)

minor child, in consideration of Pegasus Therapeutic Riding Academy, Inc., (hereafter referred to as "Pegasus"), providing volunteer opportunities including horseback riding, to me (or our minor child named above), I do hereby remise, release and forever discharge Pegasus, the Board of Directors of Pegasus, the Parks and Recreation Department of the City of Philadelphia, and the City of Philadelphia from all manner of action and actions, cause and causes of action, and suits, in law and or equity which may arise in any manner whatsoever from said volunteer opportunities. I further promise not to institute any action at law or in equity against Pegasus, any of the individuals serving on the Board of Directors of Pegasus, Pegasus' employees, volunteers, the Parks and Recreation Department of the City of Philadelphia or the City of Philadelphia on account of any injury or other loss or damage that may be sustained by me or my child as a consequence of said volunteer opportunities, including horseback riding.

I understand that a volunteer position with Pegasus Therapeutic Riding Academy, Inc. is an inherently dangerous activity that can result in serious bodily injury and/or death of the participants.

This waiver shall bind me and my (our) heirs and legal representatives.

I have read this waiver and understand all its terms. I am executing it voluntarily and with full knowledge that this waiver will act as a complete bar to any claim resulting from said volunteer opportunity.

Intending to be legally bound, I have hereunto set my hand on: _____, 20_____.

SIGNATURE _____ DATE _____
Volunteer

SIGNATURE _____ DATE _____
Parent/Guardian if volunteer is under 18 years of age

Relationship to volunteer if volunteer is under 18 years of age _____

Background Information

Have you ever been convicted of a crime? Yes ___ No ___

Please explain if yes: _____

I _____ authorize Pegasus Therapeutic Riding Academy to retrieve information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state of federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state and federal criminal laws, including, but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as a volunteer, and I expressly do NOT authorize Pegasus Therapeutic Riding Academy, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

SIGNATURE _____ DATE _____



Authorization for Emergency Medical Treatment Form

Participant Volunteer Staff

NAME _____ Date of Birth _____

HOME PHONE _____ CELL PHONE _____

ADDRESS _____

NAMES OF PARENT/GUARDIAN (IF UNDER 18) _____

CAREGIVERS _____

Address (if different from above): _____

Phone (if different from above): _____

Physician's Name _____ Phone _____

Health Insurance Company _____ Policy # _____

Preferred Medical Facility _____

Allergies/Allergies to medication _____

Current medications _____

In the event of an emergency contact:

Name _____ Cell phone _____ Relationship _____

Consent to Emergency Medical Treatment

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 Pegasus Therapeutic Riding Academy, I authorize Pegasus Therapeutic Riding Academy, Inc. to:

1. Secure and retain medical treatment and transportation if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

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

SIGNATURE _____ DATE _____
Volunteer

SIGNATURE _____ DATE _____
Parent/Guardian if volunteer is under 18 years of age

Relationship to volunteer if volunteer is under 18 years of age _____

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As of July 1, 2015, in accordance with Pennsylvania Child Protective Services Law, ALL NEW VOLUNTEERS in the Pegasus program who are 18 or older must have the following two clearances BEFORE coming to Orientation and Training and starting to volunteer:

- (1) a completed PA State Police Criminal Record Check
<https://epatch.state.pa.us/Home.jsp> fees waived as of July 25, 2015
- (2) a completed PA Child Abuse History Clearance
<https://www.compass.state.pa.us/cwis/public/home> fees waived as of July 25, 2015

AND, if you are 18 or older and have NOT been a continuous PA resident for the past 10 years:

- (3) a Federal (FBI) Criminal History clearance www.pa.cogentid.com/index.htm
cost \$27.50. Select PA Department of Human Services button; reason fingerprinted:
employment with significant likelihood of regular contact with children.

IF YOU ARE 18 OR OLDER AND HAVE BEEN A CONTINUOUS PA RESIDENT FOR THE PAST 10 YEARS PLEASE COMPLETE THE FOLLOWING:

I, _____ hereby swear or affirm that I have not been convicted of any crime, in another state, similar to the convictions disqualifying a person in Pennsylvania* from serving as a volunteer having direct contact with children.

SIGNATURE _____ DATE _____

*List of disqualifying convictions is found on next page.

New Volunteers - to begin the process:

1. Download, print and complete the Volunteer Registration form.
2. Contact Pegasus to schedule an Orientation and Training Session.
3. Return all completed paperwork--including PA Criminal History Check, PA Child Abuse Clearance, and Federal (FBI) Criminal History (if required) at the time you are attending the Volunteer Orientation and Training Session.
4. Download, print and become familiar with the [Pegasus Volunteer Handbook](#) that is found on our website. It will prepare you for the Orientation & Training Session and answer many questions about being a volunteer.
5. Attend your Orientation & Training Session. There you will sign up for your initial volunteer times with our staff member.

*Title 18 of the Pennsylvania Consolidated Statutes (disqualifying convictions)

- Criminal homicide
- Aggravated assault
- Stalking
- Kidnapping
- Unlawful restraint
- Rape
- Statutory sexual assault
- Involuntary deviate sexual intercourse
- Sexual assault
- Aggravated indecent assault
- Indecent assault
- Indecent exposure
- Incest
- Concealing death of a child
- Endangering welfare of children
- Prostitution
- Obscene and other sexual material and performances
- Corruption of minors
- Sexual abuse of children
- Felony offense under the Controlled Substance, Drug, Device and Cosmetic Act