



# Volunteer Registration Form

Welcome,

Volunteering at Pegasus is fun and fulfilling. It unites people from diverse backgrounds and provides a volunteering experience which is very rewarding. Lovely friendships are built along with a better understanding and awareness of the difficulties experienced by people living with a disability.

Prior to registering, please consider your availability and the length of your commitment. Our programs require volunteers who are committed, reliable and consistent to help provide the most therapeutic experience. For some of our participants constant changes can be unsettling, and finding suitable volunteers last minute can be difficult and may result in lessons being cancelled, which can be disappointing to our participants.

Upon completion of induction you will receive a Certificate of Induction and a Welcome kit which includes:

- A volunteer polo shirt
- A name badge
- Access to the mobile SignOn site
- A fortnightly newsletter, Snapshot
- Ongoing training and support

Volunteers are required to:

- Maintain a current Working with Vulnerable People (WWVP) (if over 16)
- Attend induction evening
- Complete Basic Training



Office use only: Date received: Entered on system:
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Please complete:

Title: Mr, Mrs, Miss, Ms

Name: .....

Address: .....

Postcode: ..... Date of Birth (DD/MM/YYYY):.....

Email:.....

Phone: Home: .....Work: .....Mobile: .....

(Please supply more than one emergency contact if under the age of 18.)

Emergency contact 1: Name: ..... Relationship:.....

Emergency contact Phone: .....

Emergency contact 2: Name: ..... Relationship:.....

Emergency contact Phone: .....

Information on policies and procedures relating to the privacy of personal information acquired by Pegasus in the course of its operation is available on the Pegasus website:

<http://www.pegasusact.com.au/privacy.html>

**Do you have any existing medical conditions or take medication which we should be aware for your safety? YES/ NO**

If yes please provide details: .....  
.....  
.....

**Do you have any special needs of which you would like us to be aware? YES/NO**

If yes, please provide details:.....  
.....  
.....

**Please note:** Pegasus strongly recommends all volunteers to be up to date with Tetanus immunisations and Hepatitis B is also advised.

**What is your work experience/ industry? Please tick all that apply:**

<input type="checkbox"/> Administration	<input type="checkbox"/> Legal
<input type="checkbox"/> Business owner	<input type="checkbox"/> Marketing and communications
<input type="checkbox"/> Child care	<input type="checkbox"/> Retail
<input type="checkbox"/> Defence	<input type="checkbox"/> Rural and primary industry
<input type="checkbox"/> Education	<input type="checkbox"/> Sport and Leisure
<input type="checkbox"/> Finance	<input type="checkbox"/> Student
<input type="checkbox"/> Health and Community	<input type="checkbox"/> Transport
<input type="checkbox"/> Human resource management	<input type="checkbox"/> Trades and Services
<input type="checkbox"/> IT	

**Other (please specify):** .....  
.....  
.....

**What interest, hobbies and/or vocational skills have you got? Please tick all that apply.**

<input type="checkbox"/> Arts and Craft	<input type="checkbox"/> Golf
<input type="checkbox"/> Community vocation : RFS, SES	<input type="checkbox"/> Horse riding/ activities
<input type="checkbox"/> Athletics/ fitness/ sport	<input type="checkbox"/> Photography
<input type="checkbox"/> Dancing and music	<input type="checkbox"/> Volunteering other than Pegasus
<input type="checkbox"/> Gardening	

**Other** (please specify).....  
 .....

**Preferred activities. Please tick all that apply.**

<input type="checkbox"/> Horse facilitated Programs	<input type="checkbox"/> farm maintenance tasks
<input type="checkbox"/> Administration tasks	<input type="checkbox"/> gardening
<input type="checkbox"/> Grooming Horses	<input type="checkbox"/> photography
<input type="checkbox"/> Stable management and tack cleaning	<input type="checkbox"/> boards members
<input type="checkbox"/> Fundraising, marketing and events	<input type="checkbox"/> Student access and support (bus transfers)

**Important:** Volunteers wishing to participate must be prepared to make a commitment. These include:

<input type="checkbox"/> <b>Horse facilitated therapy sessions</b> Committing to one of more sessions a week for a full <b>Semester</b>	<input type="checkbox"/> <b>Stable work</b> Committing to one or more sessions a week for a full <b>Semester</b> or <b>School Holiday Program</b>
<input type="checkbox"/> <b>Horse Facilitated therapy sessions</b> Committing to <b>School Holiday Programs</b> and attending 4 days a week (Tuesday to Thursday) for a half or full day.	<input type="checkbox"/> <b>Pegasus events</b> Committing to assist at one or more Pegasus events per year.
<input type="checkbox"/> <b>Student Access</b> Committing to one or more mornings for a full <b>Semester</b> , to assist in the transport of students.	

**Have you any experience with people who have a disability?**

**YES/NO**

If yes, please provide details:.....

.....

**What are your reasons for wanting to volunteer at Pegasus?.....**

.....

.....

**Preferred Volunteer Days:** (please tick)

Monday     Tuesday     Wednesday     Thursday     Friday

Saturday     School Holidays

**Preferred time to assist:** (please tick)     Morning     Afternoon

Media consent to use all media material:

- I understand and consent to Pegasus Riding for the Disabled ACT Inc. using media material (including but not limited to, photographic images, audio-visual recordings, and video/film footage), referred to as “the Media Material”, of me, for informational, promotional and communication purposes without further approval or remuneration.
- I acknowledge that “the Media Material” is the property of Pegasus Riding for the Disabled ACT Inc.
- All images will be appropriately secured in files within the organisation.
- Pegasus Riding for the Disabled ACT Inc. will not use “The Media Material” in a manner that may be deemed adverse or defamatory.

**Yes, I agree**

**No, I do not agree**

Signature: ..... Date: .....

Print Name: ..... Phone: .....

Parent/ carer signature if under 18 years of age: .....

Email: .....