



P E G A S U S

Pegasus Therapeutic Riding
310 Peach Lake Road
Brewster, NY 10509-1715

P: (845) 669-8235
F: (845) 669-5249
pegasustr.org

Founded in 1975, Pegasus is a PATH International Premier Accredited Center

Farm Friends Application

Thank you in advance for considering volunteering opportunities at Pegasus Therapeutic Riding. Please complete this application and submit it by fax, mail or email to Director of Volunteer Services Lynn Peters, care of the address above. Lynn's email address is lpeters@pegasustr.org and her direct phone extension is 109. THE FALL 2017 DEADLINE IS FRIDAY, AUGUST 18, 2017.

One (1) Farm Friend will be selected per program session (winter, spring, summer, fall). Selection will be made on a first-come, first-served basis, drawn from the pool of qualified applicants (see below for required criteria). All applications will be reviewed by a committee composed of the Director of Volunteer Services, the Barn Volunteer Coordinator and a member of the Pegasus instructional team.

Required criteria include: (1) submission of this completed application prior to the above deadline, (2) applicant must be at least 16 years of age, (3) applicant must be a Pegasus participant for at least one year, (4) applicant has not been a Farm Friend volunteer within the past year, (5) applicant's volunteer hours must coincide with normal Pegasus operating hours, (6) the goals and objectives for the Farm Friend cannot conflict with the mission of Pegasus.

Important note: Farm Friends is a volunteering program designed to help develop job skills and foster social interaction. It is not an unmounted equine-assisted program for our participants. The purpose of this program is to provide volunteering opportunities in the barn and around the farm; however, duties performed as a Farm Friend may or may not include interaction with horses.

Applicant name: _____ Date of birth: _____

How long have you been a Pegasus participant? _____

Parent/Guardian Information:

Name: _____ Relationship to applicant _____

Address: _____

City: _____ ST: _____ Zip: _____

Email: _____ Primary phone: _____ H / W / C

Parent/guardian daytime phone, if different from above: _____ H / W / C

Signature: _____ Date: _____

What days and hours is the applicant available (Farm Friends can volunteer up to a maximum of 2 hours/week)?



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Please explain the volunteering goals and objectives for the applicant:

Describe what type of work the applicant would like to do while volunteering a Pegasus (again, please note this volunteering program may not involve direct contact with the horses):

Please list any other work or volunteering the applicant has done, including a description of duties:
