

**Progressive Equestrian Therapeutic Services, Inc.**  
**P.O. Box 1244 Upper Marlboro, Maryland 20773-1244**  
**(301) 627-4308 Email: pgcpets@gmail.com Website: pgpets.wordpress.com**  
**Volunteer Registration Form**

**I. Volunteer Information**

Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (Work/Daytime) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Volunteer's School / Work Site: \_\_\_\_\_

Parent / Guardian (if under 18): \_\_\_\_\_

Parent Telephone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Caregiver (if applicable): \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you a Veteran?  Yes  No

**At this time MNCPPC requires All Volunteers to be vaccinated.**

**Are you vaccinated?**  Yes  No

**Emergency Contact:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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**II. Medical Information**

Do you have any unusual or severe physical reactions or conditions? (heart, allergies, asthma, diabetes, other) Explain: \_\_\_\_\_

Medications(s) (name / dosage / frequency of use / precautions): \_\_\_\_\_

Physical Disability? \_\_\_\_\_ Limitations: \_\_\_\_\_

**\*Note:** *In a serious emergency, you may be taken to the nearest hospital emergency room. Should such action be necessary, you will be responsible for any charges incurred.*

**I do give permission for emergency medical service.**

It is important to understand that the information on this form and your signature does not give the hospital permission to treat you.

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

(Volunteer, if 18 or older, or Parent / Guardian)

**\*Note:** *If you do not consent to receive emergency medical care, request alternative form from Program Director.*

**III. Release / Authorization**

**A. Photo Release (Check the appropriate box and sign below)**

(  I hereby consent to and authorize /  I do not consent to or authorize ) the use and reproduction by Progressive Equestrian Therapeutic Services, Inc. and Maryland-National Capital Park and Planning Commission (M-NCPCC) of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities, website display, transmission via the Internet, exhibitions or for any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Volunteer, if 18 or older, **or** Parent / Guardian)

**B. Liability Release**

I recognize that horseback riding and working with horses involves certain risks. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators waive and release forever all claims for damages or rights of action against Maryland-National Capital Park and Planning Commission, the owners of the horses, Progressive Equestrian Therapeutic Services, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any injuries and/or losses that may be sustained while participating in a Progressive Equestrian Therapy, Inc. activity, excluding any negligence of the Maryland-National Capital Park and Planning Commission, owners of the horses, Progressive Equestrian Therapeutic Services, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees.

As a volunteer for the Progressive Equestrian Therapeutic Services, Inc. riding program, I agree that I will follow all rules, directions, and instructions and I will exercise due care to avoid injury, damage, or loss to my person or property and damage or loss to others. I will participate and complete in a volunteer training program.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Volunteer, if 18 or older, **or** Parent / Guardian)

Print name of Parent / Guardian (If He/She signed the releases): \_\_\_\_\_

Liability Waiver Signed? Yes \_\_\_\_\_ No \_\_\_\_\_

Photo Release Signed? Yes \_\_\_\_\_ No \_\_\_\_\_

**IV. Background Information**

**MNCPPC requires and will conduct and Fingerprint and Background check for All Volunteers.**

Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address: \_\_\_\_\_  
(Number) (Street) (P.O. Box)

(City) (State) (Zip Code) (Year(s) At This Address)

Previous Address: \_\_\_\_\_  
(Number) (Street) (P.O. Box)

(City) (State) (Zip Code) (Year(s) At This Address)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_  
MM DD YYYY

Height: FT \_\_\_\_ IN \_\_\_\_ Weight: \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

\_\_\_\_\_  
(Social Security Number) (State - Driver's License Number Indicate)

Do you use illegal drugs?  Yes  No

Have you ever been convicted of a criminal offense? (If yes, explain below.)  Yes  No  
(Do Not include Minor Traffic Offenses for This Or The Next Question)

Have you ever received a probation before judgment or a not criminally responsible disposition?  Yes  No  
(If yes, explain below.)

Are you the subject of pending criminal charges?  Yes  No

Have you ever been charged with child neglect or abuse?  Yes  No

Has your driver's license ever been suspended or revoked? (If yes, explain below.)  Yes  No

Other than the above, is there any fact or circumstance involving you or your background  Yes  No

that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, explain below.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I understand that:*

*a. The information that I have provided may be verified, if necessary, by contacting any person or organization that may have information concerning me or by conducting a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless Progressive Equestrian Therapeutic Services, Inc. and the officers, employees, and volunteers thereof.*

*b. In signing this form, I affirm that the information that I have provided above is true and correct.*

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Volunteer, if 18 or older, or Parent / Guardian)

**V. Class Schedule**

Place a "R" in the box next to the days that you can serve as a volunteer on a regular basis.  
 Place a "S" in the box next to any day that you can be called on to substitute in case of 'emergency'.  
 Put a **check mark** "✓" in the time(s) that you can work.

R/S	✓ Approx. times: 4:00-6:00	Set-up	Class I	Class 2	Clean-up
		4:00-6:00	6:00-6:45	7:00-8:00	8:00-9:00
<input type="checkbox"/>	Tuesdays	_____	_____	_____	_____
<input type="checkbox"/>	Wednesdays	_____	_____	_____	_____
<input type="checkbox"/>	Thursdays	_____	_____	_____	_____
<input type="checkbox"/>	Special Events				

**Your help will be especially appreciated anytime during the set-up or clean up hours!**  
 Please understand that volunteer assignments are based upon the needs of the classes.  
 Some classes require more volunteers than others.

Please check which session(s) you will be available:

- Session I (May/June)                       Session II (July/August/September)

I have participated and completed in a volunteer training program on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Volunteer, if 18 or older, **or** Parent / Guardian)

Print name of Parent / Guardian (If He/She signed the releases): \_\_\_\_\_