



320.234.7895

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Hutchinson, MN 55350

www.equulaccess.org
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Volunteer Application

General information

Name: _____ Date: _____

Address: _____

Employer/School: _____

Work Address: _____

Some employers offer a matching gifts program as an incentive for their employees to volunteer. May we inquire with whom you are employed?^(circle) Yes No

If yes, what is the contact name and phone number? _____

Date of Birth: _____ Phone: (H) _____ (W) _____ (Cell) _____

Email: _____

Parent/Legal Guardian Name and Address (if applicable): _____

How did you learn about Equul Access, Inc.? _____

Previous experience with individuals with disabilities (not required!): _____

Previous experience with horses (not required!): _____

Why do you wish to volunteer with Equul Access, Inc.? _____

(over)

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Volunteering may mean exposure to animals, dust and bodily fluids (i.e. drool). Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Any allergies or medications we should be aware of? _____

Are you able to: (Circle Yes or No)

Walk for 60 minutes without fatigue? Yes No

Hold your arms above shoulder height
and support moderate weight? Yes No

Jog for short distances? Yes No

Special Interests

Check which areas you are interested in providing assistance:

Program

- Horse handling
- Sidewalking with a rider
- Facility repairs or projects
- Volunteer coordination
- Tack preparation

Administration

- Public Relations
- Photography/Video
- Fundraising
- Newsletter
- Website

Are you certified in CPR? Yes No Expires _____ First Aid? Yes No Expires _____

Do you have any special talents that you could offer us (carpentry, computer, photography, website design, desktop publishing, sign language, etc.)? _____

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 Equul Access, Inc.'s activities. I also understand that I will be required to attend a volunteer training session.

Dated this _____ day of _____, 20_____.

Signature: _____

Signature: _____

Parent/Legal Guardian if above is under 18