



320.234.7895

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Hutchinson, MN 55350

www.equulaccess.org
info@equulaccess.org

Volunteer Update

Name: _____ Date: _____

Address: _____

Employer/School: _____

Phone: (H) _____ (W) _____ (Cell) _____ Email: _____

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

Please describe your current health status, particularly regarding the physical/emotional demands of working at Equul Access, Inc. _____

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

What are your interests this year? [check all that apply]

- | | |
|---|--|
| Program | Administration |
| <input type="checkbox"/> Horse handling | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Sidewalking with a rider | <input type="checkbox"/> Photography/Video |
| <input type="checkbox"/> Facility repairs or projects | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Volunteer coordination | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Tack preparation | <input type="checkbox"/> Website |

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

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.

Dated this _____ day of _____, 20_____.

Signature: _____

Signature: _____

Parent/Legal Guardian if above is under 18

Partnering humans and horses to improve lives.