



HOW VOLUNTEERS CAN HELP

Volunteers contribute to The BiNA Farm in many ways. Volunteer opportunities are available at many of our locations: Our BiNA Farm Center in Natick, a private barn in Sherborn, The Massachusetts Hospital School in Canton or the Dana Hall School in Wellesley and some of the areas in which we rely upon volunteers include:

EQUINE ASSISTED ACTIVITIES AND THERAPY PROGRAMS- volunteers assist by leading or side walking horses during classes. They groom and saddle horses before a ride, and turn them out afterwards. They greet riders, parents and caregivers. Program Volunteers should be willing to commit to a specified, consistent period of time each week. Training sessions for Program Volunteers are offered throughout the year. Training for other volunteer jobs is done individually as the jobs dictate or as requested by volunteers.

BARN- volunteers help maintain the horses and the barn. They clean stalls & tack, feed and groom horses. They work directly with the Barn manager to establish a consistent schedule. Barn volunteers are also indispensable when it comes to maintaining our grounds and buildings. Volunteers are also eligible to become Barn Buddies and provide TLC to a special horse.

LIFE SKILLS AND CREATIVE AND COMPLEMENTARY THERAPY PROGRAMS- volunteers help with organic gardening, teaching sustainable living and can assist with rock climbing, music, art, yoga, movement and alternative therapy classes. We also need people to help with drop in playgroup dates for caregivers and children.

OFFICE- volunteers assist with word processing, data entry, photocopying, bulk mailings and other support tasks. They also serve as receptionists, help answer phone calls and greet families and visitors.

CARPENTRY- volunteers help with general maintenance, repairs and improvements of the facility, including fencing.

FUNDRAISING- volunteers serve on event committees and assist with production during the various fundraisers and special events that The BiNA Farm holds each year.

PUBLIC RELATIONS- volunteers work to keep The BiNA Farm in the news by creating press releases, taking photographs and creating videos.

NEXT STEPS- Please review all of the paperwork provided and if you are interested in becoming a volunteer please submit the paperwork to: The BiNA Farm, 207 Union Street, Natick, MA 01760 or fax it to: 508-651-2463. For more information we can be reached at 508-651-2462 (BiNA), visit our website at www.binafarm.org or email info@binafarm.org



The BiNA Farm, Inc. Volunteer Program

Thank you for your interest in volunteering at The BiNA Farm, Inc. The BiNA Farm's volunteers provide tremendous support to our programs and the time and energy you contribute is greatly appreciated!

MISSION STATEMENT

The BiNA Farm (TBF) is committed to providing a comprehensive therapeutic environment utilizing Equine Assisted Activities and Therapies (EAAT), a Life Skills Program and Creative and Complementary Therapy Programs for people with cognitive, physical, psychological and developmental disabilities. We bring together those with and without special needs while offering a menu of therapeutic modalities tailored to the individual client in an inclusive community. TBF creates an environment that enables our clients to thrive personally and make their best contribution to society

ABOUT US

The BiNA Farm program consists of three components: Equine Assisted Activities and Therapies, Life Skills Programs and Creative and Complementary Therapies. Our programs do not focus on our clients' limitations but rather on what they can achieve. Our services are open to any person with a disability who could benefit from these special forms of therapy. These therapies do not replace other forms of treatment, but rather augment them and help our clients to reach their full potential. In fact, our instructors and therapists may work closely with the clients' physicians to create the best treatment plan.

The BiNA Farm is committed to the following goals:

- Providing a nurturing therapeutic environment that focuses on the unique challenges of each client.
- Creating an atmosphere that transcends the usual rehabilitative model.
- Bringing together those with and without special needs through a variety of enrichment programs for siblings, parents, caregivers and friends.
- Providing both short and long term support for our clients and their families.
- Treat all clients, their families, friends, staff and animals with respect, dignity, kindness and compassion.

VOLUNTEER REQUIREMENTS

Recommended Age: The recommended minimum age for volunteers is fourteen years. Volunteers under the age of fourteen may be considered if they are intermediate to advanced equestrians or if a parent volunteers directly with them (based on the BiNA Farm needs).

Ability to Work Independently: As a non profit organization, The BiNA Farm has limited staff resources. We rely on volunteers to be able to work with minimal staff supervision. We do have opportunities for people with special needs to also volunteer so please contact us at 508-651-2462 (BINA) for details on those volunteer programs.

Volunteer Roles: prior experience is not required to volunteer. The majority of volunteers assist our riding program as side walkers to riders, and horse leaders if they have prior horse experience. Volunteers also help feed horses, volunteer in our Life Skills and Creative and Complimentary Therapy Programs, care for the facility, support office staff and assist with special events. Some areas of volunteering require moderate physical exercise, so please be sure you are comfortable with the physical aspects of the volunteer role you select.

Scheduling & Commitment: Individuals must be available a minimum of two hours per week, the same day and time each week, to volunteer. New volunteers receive their assignment and schedule following their attendance in a Volunteer Orientation & Training session. Volunteer assignments and schedules are based on interest, experience and availability. Please contact our Volunteer Coordinator for a calendar of upcoming class dates.

Registration Paperwork: Please complete the enclosed paperwork and return to The BiNA Farm. Minors must have the parental signature on the Registration Paperwork to participate in an Orientation & Training session and to volunteer.

New Volunteer Orientation & Training: New volunteers are required to attend a Volunteer Orientation & training session. Sessions are conducted monthly and include both classroom and hands-on training. Because of the nature of the services we provide, The BiNA Farm reserves the right to make the final determination as to the appropriateness of volunteers for our organization. The first semester of volunteering is considered a trial period. Please contact the Volunteer Coordinator to discuss your volunteer interest and schedule the training session that works best for your schedule.

The BiNA Farm, Inc. Volunteer Registration & Release Form

Please Print Clearly

NAME _____ DOB _____ AGE _____

Check one: Miss. Ms. Mrs. Mr. Height _____ Name of Spouse _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL _____

PLACE OF

EMPLOYMENT/SCHOOL _____ OCCUPATION _____

- My employer gives time off for volunteering
- My employer matches cash donations

PARENT/GUARDIAN

NAME _____ PHONE _____
(FOR VOLUNTEERS UNDER 18 YEARS OF AGE)

REFERENCE NAME (NON

RELATIVE) _____ PHONE _____

Reason for volunteering: personal fulfillment school requirement court required community service other

How did you hear of The BiNA Farm? friend relative newspaper flyer other

PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING:

PHOTO RELEASE: I Consent to and authorize I do not consent to nor do I authorize

The use and reproduction by The BiNA Farm, Inc. of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

____Initial

LIABILITY RELEASE: I acknowledge the risks and potential for risks of horseback riding and working with horses, including grievous bodily harm. However, I feel that the possible benefits to myself are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against The BiNA Farm, Inc. The Massachusetts Hospital School, Dana Hall School & Mt. Misery Farm, LLC., The BiNA Farm, The Massachusetts Hospital School and Dana Hall Board of directors and officers, Instructors, Therapists, Aides, Volunteers, Faculty and/or Employees for any and all injuries and/or losses I may sustain while participating as a The BiNA Farm volunteer from whatever cause, including but not limited to the negligence of these related parties. This includes any other program activities I volunteer for (Rock Climbing, music, art, dance, gardening, etc.) The undersigned acknowledges that he/she has read this Volunteer Application in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof. ____Initial

Date: _____ Signature _____

If volunteer is under 18 years of age, both parent and volunteer signatures are required.

CONFIDENTIALITY POLICY:

At The BiNA Farm, we place great importance on protecting the confidential information of our clients, our staff and our volunteers. "Confidential Information" includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, e-mails, etc., as well as the non-public business records of The BiNA Farm. In particular, medical information about clients, and information about their disabilities or special needs, must be protected as Confidential Information. Volunteers shall never disclose confidential information to anyone other than The BiNA Farm staff. Volunteers must seek staff permission before taking any pictures or videos. I HAVE READ AND UNDERSTAND THE BINA FARM CONFIDENTIALITY POLICY AND AGREE TO ABID BY SAME.

Date: _____ Signature _____

If volunteer is under 18 years of age, both parent and volunteer signatures are required.

Authorization for Emergency Medical Treatment for Volunteers

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize The BiNA Farm, Inc., The Massachusetts Hospital School, Mt. Misery Farm, LLC., and/or Dana Hall School to:

- 1) Secure and retain medical treatment and transportation, if needed.
- 2) Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

In case of Emergency, contact: _____ Phone: _____

Physician's Name: _____ Town: _____ Phone: _____

Preferred Medical Facility: _____ Health Insurance Carrier: _____ Policy # _____

Please indicate any allergies: _____

Please indicate any disability, limitations or medical conditions that may affect your volunteer role, with or without reasonable accommodations, we should be aware of _____

CONSENT PLAN (to be invoked in the event that your Emergency Contact cannot be reached.) I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) in the event of illness or injury while on the property of the agency.*

Date _____ Consent Signature _____

(For volunteers under 18 years of age, both parent and volunteer signatures are required.)

***If you choose non-consent for emergency medical treatment/aid in the event of illness or injury while on the property of the agency, please request a Non-Consent Form, which requires notarization.**

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes: _____

Medications: _____

Recent Medical tests: _____ Last Tetanus Shot: _____ - Tuberculosis Test + -- Date: _____

Please Complete:

Are you current CPR & First Aid Trained? _____ Drivers license# _____ State _____

Have you ever been convicted of a criminal offense _____ YES _____ NO If Yes, when? _____

Please Explain _____

Upon request, you may be asked to submit an application for a criminal background check. The above information may be verified, and I give permission to make inquiry of others concerning my suitability to act as a volunteer at The BiNA Farm.

Signature _____ Date _____

Signature of Parent/Guardian _____

(For volunteers under 18 years of age, both parent and volunteer signatures are required)

Volunteer Registration/Release General Information Form Continued

1. Please tell us your experience with:

- Horses: _____
- Individuals with disabilities: _____

2. Your Volunteer Interests:

(A) **Lesson Program Volunteer.** I am interested in volunteering for the riding program in the following way(s):

____ Side walking Riders ____ Horse Leading (must have horse experience)

(B) **Equine Program Volunteer**

____ Horse Care, Feeding, Cleaning Paddocks, etc.

(C) **Life Skills Program**

____ Organic Gardening ____ Sustainable Living ____ Horsemanship

(D) **Creative and Complimentary Therapy Program**

____ Music ____ Art ____ Yoga/Movement ____ Complimentary Therapies ____ Playgroups

(E) **Facility/Farm Volunteer**

____ General Maintenance & Repairs ____ Carpentry ____ Equipment Repair ____ Gardening

(F) **Office Volunteer**

____ Data Entry ____ Reception ____ General Office Support ____ Mailings ____ PR/marketing

(G) **Special Events & Fundraisers Volunteer**

____ Serve on Special events Planning Committees ____ Provide assistance day of an event ____ Baking/cooking

(H) **Special Skills Volunteers:** Do you have skills, technical/professional experience that would be beneficial to The

BiNA Farm? If so, please check those that apply: __ Photography __ Video __ Marketing __ Construction

__ Fundraising __ Grant Writing __ Computers __ Graphic Design __ Other? _____

3. **Please indicate your Volunteer Availability:** Please check the days and time periods you are available to volunteer. Your actual volunteer schedule will be arranged with the Volunteer Coordinator following your training and Orientation session.

	Early morning 7am-9am	Mornings 9am-12pm	Afternoons 12pm-3 pm	Late Afternoon 3pm-5pm	Evenings 5pm-7pm
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

In addition to your scheduled day and time, please check if you would like to be on the Volunteer Substitute list _____

Please return completed form and BOTH CORI FORMS (The Massachusetts Hospital School needs their own) to:

The BiNA Farm, Inc. 207 Union Street Natick, MA 01760 Fax: 508-651-2463

CHAPTER 6, §172H CORI REQUEST FORM

The BiNA Farm is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6 §172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding staff and volunteers.

APPLICANT/EMPLOYEE INFORMATION (PLEASE TYPE)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

____-____-____
SOCIAL SECURITY NUMBER
(Requested by not required)

*ID Theft Index Pin
(If Applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____ HEIGHT: _____ft. _____in. WEIGHT: _____ EYE COLOR: _____

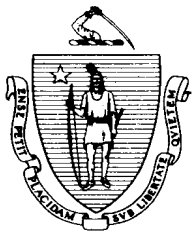
STATE DRIVER'S LICENSE NUMBER: _____
(INCLUDE STATE OF ISSUE)

***THE ABOVE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614



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 Executive Office of Health and Human Services
 Department of Public Health
 Massachusetts Hospital School



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CORI REQUEST FORM

EOHHS Human Resources Office Metro South – Canton has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

** _____

APPLICANT/EMPLOYEE SIGNATURE
 (Unless otherwise preempted by law)

PLEASE PRINT

 LAST NAME FIRST NAME MIDDLE NAME

 MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

 DATE OF BIRTH SOCIAL SECURITY NUMBER * ID Theft Index PIN
 (Requested but not required) (If applicable)

MOTHER'S MAIDEN NAME: _____

CURRENT AND FORMER ADDRESSES: _____

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
 (Include state of issue)

** THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED

PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____
 SIGNATURE OF CORI AUTHORIZED EMPLOYEE

* The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.

NOTICE TO FINAL CANDIDATES

In the event that a CORI investigation returns a record with a criminal history that is relevant to the duties of the position being sought, the CORI results may be utilized by a qualified mental health professional in order to make a determination regarding whether or not the candidate poses an unacceptable risk of harm to the clients of the agency, in accordance with 101 CMR 15.09.