



## 2019 Day on the Farm Volunteer June 22<sup>nd</sup>, 2019

### What is Day on the Farm?

*Day on the Farm* is hosted by Society for disABILITIES and Jim & Patti Sanchez at Sanchez Farms. The Day on the Farm program introduces individuals with disabilities to do activities typically seen on a farm. Activities include, but are not limited to: horseback riding, hayrides, arts and crafts, a petting zoo & more. At the end of the day, there will be a Bar-B-Que cook out. Lunch is **free** to all volunteers.

The **June 22<sup>nd</sup>, 2019** Day on the Farm is for participants with diverse abilities, ages of 4 and above. Each participant **must** be accompanied by a parent or caregiver. The day will begin at 10:00AM and will conclude after lunch, around 1:00PM. Volunteers are expected to arrive at 8:30AM for orientation and set up. There will be a "buddy" assigned to each participant. He or she will accompany the participant throughout the day to assist the child at each station. Experienced horse handlers will be leading the horses for the riding sessions. All volunteers 18 and over must pass a background check.

### What does the *Day on the Farm* program need?

We need volunteers that are willing to assist children and young adults with diverse abilities, to enjoy the **Day on the Farm**. Each volunteer will be assigned to one participant for the day or at a craft or activity station. Volunteers will assist participants, along with the participant's parent/caregiver and family in various activities.

### How much time is involved?

Volunteers must be available from **8:30AM to 2:00PM**. Between 9:00-10:00AM, volunteers will receive orientation for the day and help with set up. It's important to be on time so we can provide instructions & assign volunteers to their duties for the day. Please be prepared to stay and help with tear down & cleanup.

### What do I bring?

Dress for a day on the ranch, a big smile and a heart for children. We will provide bandanas for all volunteers.

### How do I sign up?

Please fill out and return this packet to the Society office as soon as you can. The **June 22<sup>nd</sup>, 2019 Day on the Farm** volunteer packet includes the application and the background check authorization. All volunteers must submit a 2019 Day on the Farm volunteer application regardless of your previous volunteer experience with the Society for disABILITIES. You may mail your application to Society for disABILITIES, 1129 8<sup>th</sup> Street Modesto, CA, 95354, fax the application to (209) 524-1205, or scan & email to [channa@societyfordisabilities.org](mailto:channa@societyfordisabilities.org). Once your application is processed and your background check is complete, if applicable, you will receive an email (or phone call if no email is available) confirming receipt of your application and your background clearance.

### What if I have more questions?

Please contact Channa at (209) 524-3536 or [channa@societyfordisabilities.org](mailto:channa@societyfordisabilities.org)

### **Day on the Farm Location:**

**Jim & Patti Sanchez Ranch  
8700 Woodward Lake Dr  
Oakdale, CA 95361**

***Please keep this fact sheet for future reference***



## 2019 Day on the Farm Volunteer

**\*Please note: if you are 18 or older you must complete a background check authorization-NO EXCEPTIONS**

**Minimum age to volunteer is 12 years old**

Volunteer Name: \_\_\_\_\_ Gender:  M  F

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**\*REQUIRED-Most communication will be done through email**

Are you interested in being a volunteer lead?  Yes  No

How did you hear about this program? \_\_\_\_\_

Have you ever volunteered in other Society programs?  Yes  No

If yes, which one(s)? \_\_\_\_\_

Describe your experience working with individuals with disabilities, if none put none:

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

Level of Farm Experience:  None  Beginner  Intermediate  Advanced FFA: Yes  No

### Emergency Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_



## 2019 Volunteer Waiver and Release of Liability

I request to be allowed to volunteer for the Society for disABILITIES Day on the Farm program, and agree to the following:

1. I acknowledge and fully understand that as a volunteer, I will be engaging in activities that may involve risk of serious injury, including permanent disability and death. I am aware of the many dangers and inherent risks in horseback riding including without limitation: risks of collision with objects and or, even falling. I also acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.
2. I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
3. Myself and my family release, waive, discharge and promise not to sue Society for disABILITIES, its volunteer instructors and director, its staff, executive director, and board of directors, and other participants of the *Day on the Farm* for any personal injury, property damage, or other damages that may arise from my participation in the *Day on the Farm* regardless of whether such injury or damage is caused by negligence or carelessness of the *Day on the Farm* program.
4. I agree that photographs and/or my name, may be published in, or used by Society for disABILITIES and any of the media or mass communication (including newspapers, magazines, television, pamphlets, brochures, newsletters, reports, etc.) without any liability on the part of Society for disABILITIES.
5. I agree that the staff and volunteers of the *Day on the Farm* program and Society for disABILITIES may authorize emergency medical treatment for myself, up to and including emergency hospitalization and surgery. I give the Society and volunteers' the right to determine the appropriate medical facility/provider in the absence of the parent. I agree to be personally responsible for any related medical expenses.

**I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.**

Volunteer Name: \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(ONLY IF OLDER THAN 18 YEARS OLD)

Parent/Guardian Name: \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Parent or Guardian signature required if volunteer is under 18 years old**



## **Nondiscrimination Policy**

Society for disABILITIES (the Society) is a 501(c) (3) nonprofit organization. The Society is committed to providing an environment and programs that are free from discrimination because of race, color, religion, creed, national origin, ancestry, disability, gender, sexual orientation, or age. The Executive Director has issued the following policy stating the Society's views in this matter:

- We will strictly follow program procedures that will ensure equal opportunity for all people without regard to race, color, religion, creed, national origin, gender, sexual orientation, age, ancestry, marital status, disability, veteran or draft status.
- Thoroughly investigate instances of alleged discrimination and take corrective action if warranted.
- Be continually alert to identify and correct any practices by individuals that are at variance with the intent of the Nondiscrimination Policy.
- Make reasonable accommodations wherever necessary for all employees or applicants with disabilities, provided the individual is otherwise qualified to safely perform the duties & assignments connected with the job & provided any accommodations made do not require significant difficulty or expense.
- Achieve understanding & acceptance of the Society's policy on Equal Employment Opportunity by all staff & volunteers and by the communities in which the organization operates.

### **Zero Tolerance to Sexual Harassment in the Workplace**

- Unwanted jokes, gestures, offensive words on clothing, and unwelcome comments and repartee.
- Touching and any other bodily contact such as scratching or patting a coworker's back, grabbing an employee around the waist, or interfering with an employee's ability to move.
- Repeated requests for dates that are turned down or unwanted flirting.
- Transmitting or posting emails, texts, or pictures of a sexual or other harassment-related nature.
- Displaying sexually suggestive objects, pictures, or posters.
- Playing sexually suggestive music.
- Quid pro quo...anything of sexual nature suggested in exchange of "You do something for me and I'll do something for you".
  - "I'll get you fired if you don't have sex with me, or go on a date with me, or touch me, etc."
  - A job benefit of any kind that is linked to unwelcome sexual advances.
- Treating one sex differently than the other.
- Any sexual advance or sexually derogatory comments making an employee uncomfortable.
- There shall be no retaliation against any employee reporting a case of Sexual Harassment.

**I have read and agreed to the above document.**

Name: \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

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



**Volunteer Background Check Authorization Form**  
**Required for all Volunteers, ages 18 and over ONLY**

I, \_\_\_\_\_ (applicant name) hereby authorize Society for disABILITIES to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, county, state or federal laws. This information will include, but not be limited to, allegations regarding and convictions for crimes committed upon minors and will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

I understand that I will be given an opportunity to challenge the accuracy or any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency. I further understand that until the Society for disABILITIES receives notification from that agency clearing me, my application will be deferred.

As an applicant for a staff/volunteer position, I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed, I have not been found guilty of, or entered a plea of nolo contendere or guilty to any offense. Further, other than for the offenses I have disclosed, **I have not had a finding of delinquency or entered a plea of nolo contendere or guilty to a petition of delinquency under the juvenile laws of this state or any other state.**

**I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied the position for which I am making application or, if already accepted, terminated from my position.**

Full Name of Applicant: \_\_\_\_\_

**\*Please include Middle Name**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Must be over 18 years old to submit to a background check)**

DOB: \_\_\_\_\_ Gender: M  F  Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

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