

### CHALLENGE UNLIMITED AT IRONSTONE FARM

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### Executive Director Emeritus Deedee O'Brien

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Diane Tower

### Volunteering at Ironstone Farm

Thank you for your interest in the volunteer program at Ironstone Farm! Volunteers 13 years and older are needed Monday through Friday, year round, and are asked to commit to between 1-3 hours each week. Our volunteers assist with therapeutic horseback riding by leading horses during lessons and sidewalking next to our clients, providing physical/emotional support and encouragement.

Please complete and return the enclosed forms and email it back to us. Once we receive your completed packet, we will invite you to a Volunteer Training Workshop. After the training workshop, we will work with you to schedule a volunteer time based on our current needs and your availability.

### Complete and return the following forms where required:

- 1. Volunteer Application and Schedule of Availability (must be signed by both parent and volunteer if volunteer is under 18)
- 2. Volunteer Emergency Authorization, Assumption of Risks & Liability
  Release Agreement (must be signed by both parent and volunteer if volunteer is under 18)
- 3. Signature page ONLY for the Code of Ethics and Conflict of Interest Policy
- 4. FOR VOLUNTEERS 17 & OLDER: <u>Both</u> the SORI and CORI background check forms are required due to Massachusetts law. On the SORI form, only the subject section should be completed.

When you attend a workshop, remember to dress appropriately for the weather and for walking around in a farm environment. Boots or sneakers, coats, hats, and gloves are highly recommended. During the workshop you will be actively working with our horses.

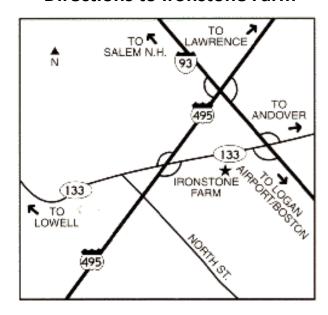
If you have any questions please do not hesitate to contact me by phone or email. We look forward to meeting you soon!

Sincerely,

### Julia Messier

Volunteer Program Manager volunteer@ironstonefarm.org

### **Directions to Ironstone Farm**



450 Lowell St. (133) Andover, MA 01810 (978) 475-4056

### From Interstate Rte. 93 N

Going North on I 93, take Rte. 133, Andover, (Exit #43). Take a Left from exit ramp onto Rte. 133 West. Follow for 1.3 miles, through two sets of lights, to Ironstone Farm, on Left.

Please turn **Left** at the green cascading sign and go down the lane to the parking lot. Please check in at the red Welcome Center at the end of the lot.

### From I 93 S

**Take Rte. 133 (Exit #43)** going West toward Tewksbury. Follow for 1.3 miles, through two sets of lights, to Ironstone Farm, on **Left**.

Please turn **Left** at the green cascading sign and go down the lane to the parking lot. Please check in at the red Welcome Center at the end of the lot.

### From 495 N

Take Exit Rte. 133 (Exit #39) Tewksbury.

**Right** off ramp onto Rte 133, going east.

Ironstone Farm is 1 mile down on **right** (3rd driveway past the 99 Restaurant.) Please go past the stone pillars that read "Ironstone Farm" and turn Right into the entrance at the green cascading sign.

### From 495 S

Take Rte 93 S toward Boston. Follow directions above for 93S.





### Ironstone Farm Volunteer Application and Schedule Availability 2021



	Date of Birth*:							
	,	ŕ						
City:	State:	Zip:						
Place of Business	s/School:							
Cell Phone:	Work Phone:							
at all times) or act as a side walker for Do you have any health issues, diag side walking difficult for you? Yes	r mounted participants (phy noses or physical limitation No	sically supporting as that would make						
above shoulder height and support a  of a criminal offense? Yes No  fly explain:	rider's weight (when given  If yes, when?	a chance to switch						
tone Farm in the past? Yes No	)							
IUNITY SERVICE ONLY**  a school, college, organization, or complete and	npany requirement? Yes the time frame that you ne	No ed to complete the						
	Place of Business  Cell Phone:  geatly): lic emails from us via email, including scheduling scheduling sees in preparation for each session, as at all times) or act as a side walker for the property of	City: State:  Place of Business/School: Work Phone:  Cell Phone: Work Phone:  satly):  iic emails from us via email, including scheduling)  reses in preparation for each session, and then lead horses during at all times) or act as a side walker for mounted participants (phy b. Do you have any health issues, diagnoses or physical limitation is side walking difficult for you? Yes No  ours and jog alongside a trotting horse for short distances? Yes above shoulder height and support a rider's weight (when given of a criminal offense? Yes No If yes, when?  fly explain:  blunteer program at Ironstone Farm? spaper, Internet, VolunteerMatch, Senior Corps, City Corps, etc.)  stone Farm in the past? Yes No nate dates of attendance?						



### Ironstone Farm Volunteer Application and Schedule Availability 2021



10rses:		:			
_eading/Si	dewalking:				
People wit	h Disabilities:				
t interests	you about becoming	a volunteer at Irons	tone Farm?		
	ny special skills/talen e, carpentry, photography,			ng with the Ironstone vents)?	Farm progra
x, sports, a ions are ty	nd/or school schedu	the days and times y le into consideration n length. Most volun	. The minimum volu teers are expected t	Evening	Volunteer
	(9:00AM-12:00PM)	(11:00AM-2:00 PM)	(3:00PM-5:00PM)	(5:00PM-7:30PM)	Times
М					
M T					
Т					
T W					
T W			CLOSED		



### Ironstone Farm Volunteer Application and Schedule Availability 2021



Thank you for taking the time to complete this application. We strive to bring you in for training as quickly as possible! Do not hesitate to contact the Volunteer Team with any questions or unique circumstances regarding your schedule. We look forward to meeting you in a workshop.

Signature:	Date:
Signature:	Date:
(Parent or guardian must also sign if applicant is under 18 yrs of age)	
OFFICE USE ONLY:	
Application Received: Contacted:	Workshop Date:
Forms:  Volunteer Emergency Release  Code of Etl	hics □SORI/CORI
Workshop successfully completed:	

### **Volunteer Emergency Authorization**

## Assumption Of Risks & Liability Release Agreement Ironstone Farm; Challenge Unlimited, Inc.; & Ironstone Therapy, Inc.

Name:		Date of Birth:
Address:	City:	State: Zip:
Email:		
Home Phone:	Cell Phone:	Work Phone:
Occupation & Place of B	usiness; or School (Name & Location)	); or Not Applicable:
Best Way To Contact Yo	u?	
v	ssues, diagnoses, or physical limitation	ns that would make the responsibility of
If yes, please explain:		
	CY CONTACT INFORMATION	2
		Relation:
Home Phone:	Cell Phone:	Work Phone:
Name:		Relation:
Home Phone:	Cell Phone:	Work Phone:
	PARENT/GUARDIAN CONTACT EASE COMPLETE IF VOLUNTEER IS UN	
Name of parent(s)/guard	ian(s):	
Address:	City:	State: Zip:
Home Phone:	Cell Phone:	Work Phone:

### PLEASE READ THE FOLLOWING THREE PARAGRAPHS CAREFULLY

Inherent Risk / Assumption of Risks. I/We acknowledge that: Risks, conditions and dangers are inherent in (meaning an integral part of) horse/equine/animal activities, regardless of all feasible safety measures which can be taken, and I agree to assume them. The inherent risks include, but are not limited to any of the following: the propensity of an animal to behave in ways that may result in injury, harm, death or loss to persons on or around the animal; the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons or other animals; hazards, including but not limited to, surface or subsurface conditions, a collision, encounter and/or confrontation with another equine, another animal, a person

or an object; the potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons, including but not limited to, failing to maintain control over an equine and or failing to act within the ability of the participant. If a horse is frightened or provoked it may divert from its training

## Volunteer Emergency Authorization Assumption Of Risks & Liability Release Agreement Ironstone Farm; Challenge Unlimited, Inc.; & Ironstone Therapy, Inc.

and act according to its natural survival instincts which may include, but are not limited to, stopping short; spinning around; changing directions and or speed at will; shifting its weight; bucking; rearing; kicking; biting; and or running from danger. I/We also acknowledge that these are just some of the risks and I/We agree to assume others not mentioned above. I/We am (are) not relying on Challenge Unlimited, Inc., Ironstone Therapy, Inc. and/or Ironstone Farm to list all possible risks for me.

Liability Release. I/We agree that: in consideration of allowing my participation in the activities of Challenge Unlimited, Ironstone Therapy and/or Ironstone Farm, I, the student, client or volunteer, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge Challenge Unlimited, Inc., Ironstone Therapy, Inc. and Ironstone Farm, its employees, agents, independent contractors, officers, directors, representatives, assigns, members, and insurers, and others acting on their behalf, of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to ordinary negligence or legal liability; and I do agree to release any claims, demands, legal actions and causes of action, against Challenge Unlimited, Inc., Ironstone Therapy, Inc. or Ironstone Farm, and its employees, agents, independent contractors, officers, directors, representatives, assigns, members, and insurers, for any damages due to bodily injury and/or death and/or property damage, sustained by me and or my minor child or legal ward in relation to the premises and operations herein, including, but not limited to, riding, driving, training, handling or otherwise being near or around horses owned, leased or boarded by Challenge Unlimited, Inc., Ironstone Therapy, Inc., or Ironstone Farm.

### WARNING

WAKNING	
Under Massachusetts law, an equine professional is not liable for injuactivities resulting from the inherent risks of equine activities, pursua Massachusetts General Laws.	
Policy of Confidentiality: Confidentiality is defined as "told in secret or regards to the participants (clients) of Challenge Unlimited, Inc., Ironston held in <u>strict confidentiality</u> . It is critical that we respect each individual responsibilities of our facility. In failure to abide by this policy, the qualit result in legal ramifications.	ne Therapy, Inc., and/or Ironstone Farm must be Confidentiality is considered one of the most basic
▶I understand and agree to the above.	
<b>SORI/CORI:</b> If determined to be necessary the administration staff at C and/or Ironstone Farm reserves the right to perform a SORI (sexual offen offender register inquiry) check on all volunteers.	
Photo Release: I hereby consent to and authorize the use and reproductive Therapy, Inc., and/or Ironstone Farm of any and all photographs and any child/my ward for promotional material, educational activities, and exhib program.   → Opt out: No, I do not consent	other audiovisual materials taken of me/my
I/We represent that I/We have read this entire agreement Inherent Risk/Assumption of Risks, Liability	
<u> </u>	_
(Signature of Volunteer)	Date:
(Signature of volunteer)	
•	Date:

(Signature of Parent/Guardian if Volunteer is under 18 yrs of age)

## CHALLENGE UNLIMITED, INC. CODE OF ETHICS AND CONFLICT OF INTEREST POLICY

### Code of Ethics

### I. <u>Personal and Professional Integrity</u>

All Challenge Unlimited, Inc. employees, board members and volunteers shall act with honesty and integrity, and will abide by this Code of Ethics and Conflict of Interest Policy (hereinafter referred to as the "Policy") at all times in their dealings on behalf of the organization and its various programs and endeavors. All Board members, employees and volunteers will receive a copy of this Code of Ethics and Conflict of Interest Policy at the date of hire, Board election or commencement of volunteer service, and on an annual basis thereafter, and shall sign a statement acknowledging their agreement to follow this Policy.

### II. Mission

Challenge Unlimited, Inc. has a clearly stated charitable mission that has been approved by its Board of Directors:

To provide and promote educational, therapeutic, athletic and recreational services for individuals with disabilities and to provide educational and recreational activities using horses and the working farm environment for people with and without disabilities.

This mission is responsive to the families and children that are the recipients of the services provided by the organization.

### III. <u>Governance</u>

Challenge Unlimited, Inc. has an active Board of Directors that is responsible for setting the mission and strategic direction of the organization, and for oversight of the organization's finances, operations and policies.

The Board of Directors, in addition to its other responsibilities and duties:

- Ensures that its members have the requisite skills and experience to carry out their duties and that
  they understand and fulfill their governance duties acting for the benefit of the organization and its
  public purpose;
- Has a conflict of interest policy (which is set forth herein) that ensures that any conflicts of interest of the appearance thereof are avoided or appropriately managed through disclosure, recusal or other means:
- Is responsible for the hiring, discipling and regular review of the performance of the Executive Director and all senior staff, and ensures that their compensation is reasonable and appropriate in light of the overall finances of the organization;
- Implements policies requiring the organization to be inclusive and not engage in discriminatory conduct in its policies and practices for all board, staff and volunteer positions;
- Ensures that the Executive Director and appropriate staff provide the Board with timely and

comprehensive information and its Board members conducts transactions and dealings with integrity and honesty, and fulfills all fiduciary duties;

- Ensures that the organization promotes working relationships with Board members, staff, volunteers and program beneficiaries that are based on mutual respect and fairness;
- Ensures that the resources of the organization has the capacity to effectively carry out its programs.

### IV. <u>Legal Compliance</u>

Challenge Unlimited, Inc. is knowledgeable about, and complies with, all applicable laws, rules and regulations.

### V. Responsible Stewardship

Challenge Unlimited, Inc. manages its funds in a responsible and prudent manner. The organization:

- Spends an appropriate percentage of its annual budget on programs in furtherance of its mission;
- Spends an adequate amount on administrative expenses to ensure effective accounting systems, internal controls and other expenditures critical to the management of the organization;
- Compensates staff, and any others who may receive compensation, reasonably and appropriately in light of the overall finances of the organization;
- Has reasonable fundraising costs (recognizing the internal and external factors that impact fundraising costs);
- Does not accumulate operating funds excessively;
- Only draws from endowment funds as may exist from time to time consistent with donor intent and to support the charitable purpose of the organization
- Ensures that all spending practices and policies are reasonable and appropriate to fulfill the mission of the organization; and
- Ensures that all financial reports are accurate and complete in all material respects.

### VI. Openness and Disclosure

Challenge Unlimited, Inc. provides comprehensive and timely information to the public and all interested persons and agencies, and responds in a timely manner to reasonable requests for information. Basic informational data about the organization, such as Form 990, reviews and compilations, and audited financial statements, are available to the public. All solicitation materials accurately represent the organization's policies and practices. All financial, organization and program reports are complete and accurate in all material respects.

### VII. <u>Program Evaluation</u>

Challenge Unlimited, Inc. regularly reviews and assesses its various programs, and makes changes whenever warranted to better serve its constituents. The organization is committed to improving program and organizational effectiveness.

### VII. Fundraising

When raising funds from the public or donor institutions, Challenge Unlimited, Inc. is truthful in its solicitation materials. The organization respects the privacy concerns of individual donors and expends funds consistent with donor intent.

The organization discloses relevant information to potential donors, and respects the rights of donors as follows:

- To be informed of the mission of the organization, the way resources will be used and the capacity to use donations effectively for their intended purposes;
- To be informed of the identity of those serving on the organization's Board of Directors, if requested, and to expect the Board members to exercise prudent judgment in its stewardship responsibilities;
- To have access to the organization's most recent financial reports;
- To be assured their gifts will be used for the stated purpose for which they are given;
- To receive appropriate acknowledgement and recognition;
- To be assured that information about their donations is handled with respect and confidentiality to the extent requested, or as provided by law;
- To expect that all communications with individuals representing the organization will be professional;
- To have the opportunity for their name to be deleted from the mailing lists that are maintained by the organization; and
- To feel free to ask questions when making a donation and to receive prompt and accurate responses.

### **Conflict of Interest Policy**

This policy is designed to protect the integrity of, and promote continued public trust and confidence in Challenge Unlimited, Inc. by ensuring that any actual, potential and/or perceived conflicts of interest, whether direct or indirect (collectively referred to as "conflict of interest"), are either avoided or are appropriately managed through prompt and full disclosure, recusal and/or other means.

The term "conflict of interest" refers to a situation where an employee, board member or other volunteer of the organization has a personal, professional or business interest that conflicts with, or may give the appearance of conflicting with, the best interest of the organization. Certain conflicts of interest may arise in nonprofit organizations and are not necessarily inappropriate. For example, an "acceptable" conflict of interest may arise if an employee or volunteer of the organization (or his/her relative, friend, business acquaintance, etc.) has an interest in, or relationship with, an entity that proposes to provide needed goods or services to the organization on terms and conditions that are more advantageous then the organization could obtain otherwise.

In any situation which may give rise to an actual, potential or perceived conflict of interest, including the example set forth above, all Challenge Unlimited, Inc. employees, board members and volunteers are required to promptly and fully disclose to the organization any such conflict of interest situation. Upon disclosure of the conflict of interest situation, the organization's Board of Directors shall review all relevant information and factors, and take appropriate action. The individual(s) that are involved in any respect with the conflict of interest situation may not thereafter attempt to influence the organization's decision, nor may they vote on whether to approve or disapprove the particular transaction. The individual(s) disclosure and abstention from voting shall be reflected in the minutes of the meeting at which the decision is made.

Under no circumstances shall any Challenge Unlimited, Inc. employee, Board member or volunteer: (a) accept any personal gifts, loans, favors or other consideration of more than a nominal value (i.e., \$25) from any vendor, sponsor or other outside party doing business with, or seeking to do business with, the organization; (b) use the organization's property or resources for personal profit or advantage, or for any purpose not related to the activities of the organization; and (3) use or disclose the name, likeness or identity of any person receiving services from the organization's various services without first obtaining the organization's express written permission.

If any Challenge Unlimited, Inc. employee, Board member or volunteer should have any questions concerning this Code of Ethics and Conflict of Interest Policy, please speak with the Executive Director or the Chairperson of the Board of Directors.

# ACKNOWLEDGEMENT OF RECEIPT OF CHALLENGE UNLIMITED, INC. CODE OF ETHICS AND CONFLICT OF INTEREST POLICY

I, Challenge Unlimited, Inc.'s Code of Ethics and	, acknowledge that I have read the Conflict of Interest Policy ("Policy") and agree
to fully abide by all its terms, conditions and st	
I acknowledge that I will promptly and fully give rise to an actual, potential or perceived considered to Policy. In the event I am involved in any respect conflict of interest situation, I will not thereafted decision regarding the conflict of interest. If I a Directors, I further understand that I will refrain conflict of interest.	onflict of interest in accordance with the ct with an actual, potential or perceived er attempt to influence the organization's am a member of the organization's Board of
I have received a copy of Challenge Unlimit Interest Policy.	ted, Inc.'s Code of Ethics and Conflict of
Signature	
Print Name	
Date:	

### Challenge Unlimited, Inc. @ Ironstone Farm 450 Lowell St. Andover, MA 01810 978-475-4056

## CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTIONG CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PRUPOSES.

Challenge Unlimited, Inc. is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Challenge Unlimited, Inc. to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Challenge Unlimited, Inc. written notice of my intent to withdraw consent to a CORI check.

### FOR EMPLOYMENT, VOLUNTEER, AND LISCENSING PURPOSE ONLY:

Challenge Unlimited, Inc. may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Challenge Unlimited, Inc. must first provide me with written notice of this check.

By signing below, I	provide my consent to	a CORI check and	d acknowledge t	that the information	ation provided
on Page 2 of this Ac	cknowledgement Form	is true and accurat	te.		

SIGNATURE	D	ATE

### SUBJECT INFORMATION:

*Last Name	*First Name	Middle	e Name	Suffix
Maiden Name (or oth	ner name(s) by which	n you have been known)		
Date of Birth	Ī	Place of Birth		
*Last Six Digits of Y	our Social Security	Number:		
Sex: Heig	ht:ft in.	Eye Color:	Race:	
Driver's License or II	D Number:	State o	of Issue:	
Mother's Full Maider	n Name	 Father's Full N	ame	
Current and Former A	Addresses:			
Street Number & Nar	me	City/Town	State	Zip
Street Number & Nar	me	City/Town	State	Zip
The above information identification:	on was verified by re	eviewing the following form(s)	of government-issu	ed
WEDIEVED DV				
VERIFIED BY:		g Employee (Please Print)	_	
	Signature of Veri	fying Employee		

### Commonwealth of Massachusetts Sex Offender Registry Board

### M.G.L. c. 6, § 178I REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offend this form and mailed to tl									Γ								SORB	USE O	ONL	Y						
Attn: SORI Coordinator,	P.O	. Box 4	<u> 4547</u>	, Sal	em, N	ΜA	019	70,																		
along with a self-addressed provide a report that includes person identified is a sex offer offense(s) for which the offendate(s) of the conviction(s) or the law only permits the public required to register and finally (moderate risk) or level 3 (high is not available to the public ignish) offender or if he/she has Board.	the forder wader wadjuden to readjudent to r	ollowing with an vas convention dication eceive it ssified by the control of the	g info oblig victed (s). inform by the der. ed ind	ormatigation I or act Please nation Boar There dividu	on: w to reg ljudic e be a i on s d as a fore, al is a	wheth gister ated, advise ex of a leve infor a leve	er the, the, and ed the fend el 2 mat el 1	the late																		
All requests shall be record assist or defend in a crimin				nfiden	itial,	exce	ept t	О	L																	
Requestor's name:														1	Date	e of	birth	ı:								
Organization name: (if any)	)																									
Address:															Tele	pho	ne n	umb	er	: (_	)	)				
I swear under the pains and for my own protection, the care or custody.  Requestor's signature:	prote	ection	of a	child	unde	er 18	yea	ars o	f ag	e, or	for	the p	rote	ctio	n of	and		pers	SOI	n for	·wł	nom	I ha	ve r	espo	
I hereby request that the follow	wing	informa	ation	be use	ed to	deter	min	e who	ethe	r the	ident	tified	indiv	vidua	al is	a se	x off	ende	r r	equii	ed 1	to reg	gister	in I	Massa	chusett
Subject's LAST NAME:																										
Subject's FIRST NAME::																										
Subject's MIDDLE INITIA	L:																_			_						
Date of birth or approximat	e age	:			/			/																		
			M	M	Ι	) I	D		Y	Y	Y	Y						AG	Έ							
Address (PRINT):																										
Personal identifying charact	eristi	ics:																								
Sex: Race:	_ H	Ieight:			Wei	ght:			F	Eye (	Color	:		Н	Iair	Col	or: _									
Other information (e.g. licen	ise pl	ate nui	mber	, pare	ents'	nam	es, e	etc.):																		

If additional information is needed, please contact the Requestor at the telephone number above.

\*

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §\$ 178C – 178Q FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS ( M.G.L. C. 275, § 4).