



## CHALLENGE UNLIMITED AT IRONSTONE FARM

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## 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 Saturday, 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:** Both 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 Stemple*

Volunteer Program Manager



# Ironstone Farm Volunteer Application 2024



Name: \_\_\_\_\_ Date of Birth\*: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(\*must be 13 to volunteer)

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Best way to contact you? \_\_\_\_\_  
(Please expect to receive periodic emails from us, including scheduling)

Occupation: \_\_\_\_\_ Place of Business/School: \_\_\_\_\_

How did you hear about our volunteer program? \_\_\_\_\_  
(e.g., word-of-mouth, flyer, friend, newspaper, Internet, VolunteerMatch, etc.)

Volunteers walk alongside riders (physically supporting or spotting the rider) and/or lead horses during therapeutic sessions (controlling the horse at all times). Do you have any health issues, diagnoses, or physical limitations that would make either responsibility difficult for you? Yes No

If yes, please explain: \_\_\_\_\_

Are you able to walk for 1-3 hours and jog alongside a horse for very short distances? Yes No

Can you hold your arm above shoulder height and support a moderate amount of weight (when given a chance to switch sides)? Yes No

Have you ever been convicted of a criminal offense? Yes No

If yes, please explain: \_\_\_\_\_

Tell us about your experiences with:

Horses: \_\_\_\_\_

Leading/Sidewalking: \_\_\_\_\_

People with Disabilities: \_\_\_\_\_

Have you previously volunteered at Ironstone Farm? Yes No If yes, when? (approx.) \_\_\_\_\_

Do you have any special skills/talents you would like to share with the Ironstone Farm programs (e.g., sign language, carpentry, photography, baking, grant writing, foreign language, or special events)?

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



# Ironstone Farm Volunteer Application 2024



## VOLUNTEER AVAILABILITY

Please indicate (with a checkmark) the days and times you are available to volunteer. Please be sure to take your work, sports, and/or school schedule into consideration. The minimum volunteer time is 1 hour. Volunteer sessions are typically 1.5-3 hours in length. Most volunteers are expected to commit to a weekly schedule, but if your schedule changes week to week or month to month, please note that below.

	<b>Morning</b> (9:00AM-12:00PM)	<b>Mid-Day</b> (11:00AM-2:00PM)	<b>Afternoon</b> (2:00PM-4:30PM)	<b>Evening</b> (4:30PM-7:30PM)	<b>Other Times</b>
<b>M</b>					
<b>T</b>					
<b>W</b>					
<b>Th</b>					
<b>Fr</b>					
<b>Sat</b>			CLOSED		

Are there any other notes about your schedule you would like us to know about? Or other times not listed above that work best for your schedule?

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**\*\*SERVICE LEARNERS/COMMUNITY SERVICE ONLY\*\***

Are you volunteering for a school, organization, or company requirement? Yes No

If yes, please indicate the number of hours you must complete and the time frame that you need to complete the hours \_\_\_\_\_

**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 Business; or School (Name & Location); or Not Applicable:  
\_\_\_\_\_

Best Way To Contact You? \_\_\_\_\_

Do you have any health issues, diagnoses, or physical limitations that would make the responsibility of leading or sidewalking difficult for you? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** *REQUIRED FOR ALL VOLUNTEERS*

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION**  
*PLEASE COMPLETE IF VOLUNTEER IS UNDER 18 YEARS OF AGE*

Name of parent(s)/guardian(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**

**Under Massachusetts law, an equine professional is not liable for injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 2D of Chapter 128 of the Massachusetts General Laws.**

**Policy of Confidentiality:** Confidentiality is defined as “told in secret or private relations; trusted.” Any information in regards to the participants (clients) of Challenge Unlimited, Inc., Ironstone Therapy, Inc., and/or Ironstone Farm must be held in strict confidentiality. It is critical that we respect each individual. Confidentiality is considered one of the most basic responsibilities of our facility. In failure to abide by this policy, the quality of the services we provide may diminish and result in legal ramifications.

➡ \_\_\_\_\_ I understand and agree to the above.

**SORI/CORI:** If determined to be necessary the administration staff at Challenge Unlimited, Inc., Ironstone Therapy, Inc., and/or Ironstone Farm reserves the right to perform a SORI (sexual offender register inquiry) and/or CORI (criminal offender register inquiry) check on all volunteers.

**Photo Release:** I hereby consent to and authorize the use and reproduction by Challenge Unlimited, Inc., Ironstone Therapy, Inc., and/or Ironstone Farm of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program. ➡ Opt out: **No, I do not consent.** \_\_\_\_\_

**I/We represent that I/We have read this entire agreement and in particular the sections labeled  
Inherent Risk/Assumption of Risks, Liability Release and Warning.**

➡ \_\_\_\_\_  
(Signature of Volunteer)

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

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

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

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

***\*\*Please sign and date below\*\****

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## **Code of Ethics**

### I. Personal and Professional Integrity

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 life-changing equine-assisted services that foster the human-horse connection to help individuals and families with physical, cognitive, and emotional challenges experience healing and joy while realizing their full potential.

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

### III. Legal Compliance

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

### IV. Program Evaluation

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

## **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 another 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 than the organization could obtain

otherwise.

In any situation that 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 meeting minutes 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.

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

I, \_\_\_\_\_, acknowledge that I have read the Challenge Unlimited, Inc.'s Code of Ethics and Conflict of Interest Policy ("Policy") and agree to fully abide by all its terms, conditions, and statements.

I acknowledge that I will promptly and fully disclose any situation that may give rise to an actual, potential, or perceived conflict of interest in accordance with the Policy. In the event I am involved in any respect with an actual, potential, or perceived conflict of interest situation, I will not thereafter attempt to influence the organization's decision regarding the conflict of interest. If I am a member of the organization's Board of Directors, I further understand that I will refrain from voting on any action arising from the conflict of interest.

I have received a copy of Challenge Unlimited, Inc.'s Code of Ethics and Conflict of Interest Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**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 CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

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 LICENSING 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 acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



SUBJECT INFORMATION:

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\*Last Name                      \*First Name                      Middle Name                      Suffix

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Maiden Name (or other name(s) by which you have been known)

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Date of Birth                      Place of Birth

\*Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_      Height: \_\_\_\_ ft. \_\_\_\_ in.      Eye Color: \_\_\_\_\_      Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_      State of Issue: \_\_\_\_\_

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Mother's Full Maiden Name                      Father's Full Name

Current and Former Addresses:

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Street Number & Name                      City/Town                      State                      Zip

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Street Number & Name                      City/Town                      State                      Zip

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The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_

\_\_\_\_\_

VERIFIED BY: \_\_\_\_\_  
Name of Verifying Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee

**Commonwealth of Massachusetts  
Sex Offender Registry Board**

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

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.*

SORB USE ONLY
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All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

**Requestor's name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Organization name: (if any)** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone number: ( )** \_\_\_\_\_

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

**Requestor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

**Subject's LAST NAME:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Subject's FIRST NAME::**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Subject's MIDDLE INITIAL:**

**Date of birth or approximate age:**

		/			/				
--	--	---	--	--	---	--	--	--	--

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 AGE

**Address (PRINT):** \_\_\_\_\_

**Personal identifying characteristics:**

**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_

**Other information (e.g. license plate number, parents' names, etc.):** \_\_\_\_\_

\_\_\_\_\_

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

\*\*\*\*\*WARNING\*\*\*\*\*

*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).*



## IRONSTONE FARM SAFETY REGULATIONS

PLEASE READ CAREFULLY

The following regulations have been established for your safety and the safety of all involved in the activities at Ironstone Farm. Please make every effort to abide by them during your time on the premises.

**SMOKING:** There is **NO SMOKING** allowed on the property of Ironstone Farm.

**CHILDREN:** Ironstone is a working farm. We insist that all children, when not involved in a lesson, remain beside their accompanying adult. Running, yelling, or unaccompanied children can create hazardous situations – for themselves, riders, handlers, staff, and other visitors at the farm. Please observe (or ask about) designated areas for viewing lessons. If children behave in an unsafe manner, we may ask you to remove them from the premises.

**PETS & SERVICE ANIMALS:** The animals at Ironstone Farm live in harmony with one another and the introduction of a new animal is handled very carefully. Visiting pets will upset this harmony and can be very disruptive, creating an unsafe situation. Please leave your pet(s) at home. With regards to service animals, please check with the office before visiting the farm.

**TREATS:** Our animals are on a routine feeding schedule. Their daily intake is carefully monitored. Treats may be harmful to some animals, and hand-feeding encourages the animals to bite in search of treats and can be dangerous. Please do not feed the animals.

**PARKING: Please park in designated areas only.** Observe the "No Parking" signs and spaces allotted for the pick-up and drop-off of clients. Please do not sound your horn/car alarm while on Ironstone Farm property! Sudden loud noises may frighten the animals residing at the farm as well as clients participating in therapy.

**UMBRELLAS:** Please do not use umbrellas on the property. The odd shape and sudden movement of opening/closing an umbrella can startle our horses.

**THE BARN:** The upper barn is a staff-only area. If you need to reach someone in the barn office, please call us at 978-475-4056, or ask a present staff member to contact us for you.

**OBSERVATION:** Our instructors and therapists are trained professionals. Please remain outside the teaching area during lessons. You are invited to watch from designated areas.

**PADDOCK:** Only Staff, Working Students, and Feeders (all of whom must have Paddock Privileges) are allowed in the Paddocks. *Volunteers and visitors are not allowed to enter the Paddocks for any reason.*

We appreciate your patronage. We pledge to offer you the best in quality, horse-related and therapeutic programming. During your time spent with us, we ask that you have respect for the property, the animals, and the staff. -- Thank you!