

877 Hwy 5A. PO Box 2493 Princeton, BC V0X1W0 (250) 487-9733 hoofbeatstra@gmail.com

Board of Directors Application

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Brief Introduction to Hoofbeats TRA:

Hoofbeats Therapeutic Riding Association is a non-profit organization that was incorporated in 2025. We created Hoofbeats to provide a local riding program tailored to meet the specific needs of individuals with disabilities. We strive to create a safe and fun learning environment for everyone. Without volunteers, we could not provide our service. Thank you for your generous gift of time!



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Board of Directors Operating Procedures

1. Introduction

The Board of Directors is governed by the Constitution and Bylaws of the Association and in accordance with 4.10 of these bylaws, directors will act honestly and in good faith with a view to the best interests of the Association, exercise the care, diligence and skill that a reasonably prudent individual would exercise in comparable circumstances and act in accordance with the B.C. Societies Act and regulations. The purpose of these operational procedures is to provide clarity and consistency in how the board functions.

2. Directors Meetings

2.1 The scheduling of meetings will be established by consensus at the Annual General Meeting each year once the new board has been appointed. Meetings will be held once per month at Hoofbeats TRA premises. In accordance with 5.5 of the bylaws, a majority of directors must be present for a quorum to be reached. It is expected that directors attend each board meeting.

2.2 The agenda for each board meeting shall include the following;

Call to order

Call for any additions to the agenda

Review of previous meeting minutes and actions arising from the minutes (old business)

President's Report

Financial Report

Executive Director's report

Strategic Plan update

New Business

Adjournment

- 2.3 The secretary will send out the agenda and previous minutes no later than two calendar days before the scheduled meeting.
- 2.4 Agenda items shall be submitted to the secretary no later than three calendar days before the scheduled meeting.
- 2.5 For each agenda item a motion will be made by a board member to accept the item which will then be seconded by another member followed by any required discussion and then voted on.
- 2.6 Guests, including staff, may be invited to board meetings for specific agenda items and/or the entire meeting.
- 2.7 "In camera" sessions will be held without staff, the Executive Director and any guests and may be held at the end of regular board meetings. These special sessions will deal with sensitive issues such as financials and human resources.
- 2.8 Board members may circulate proposals, draft policies, information, etc. to all board members via email and the initiator will notify the President and Secretary to request inclusion on the agenda for the following meeting.
- 2.9 Board members will track their time spent on KTRA business including board meetings, events, workshops, etc. and will provide their hours to the secretary at each meeting.

3. Financial Oversight

- 3.1 A minimum of three and maximum of five board members shall have signing authority and shall include the President, Treasurer and Secretary officer positions.
- 3.2 Online access to the Associations banking accounts required for the initiation or confirmation of online transactions including payment of staff, invoices and transfers between accounts will be held by three officers; president, treasurer and vice president or secretary. The limitation is three due to the financial institutions system constraints.

4. Media

4.1 Although the Executive Director is the prime media contact and represents the "face" of Hoofbeats TRA there may be instances when the ED is not available. When this happens the President will act as media contact or will appoint a board member to fulfill this role.

5. Attendance at Hoofbeats TRA Events

5.1 Although attendance by directors at events including fundraising and the annual horse show is not mandatory, directors are encouraged to attend and help out as required.



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Board of Director Application Form

for Hoofbeats Therapeutic Riding Association ("Hoofbeats TRA")

** All directors must be members in good standing of KTRA. Annual membership fee is \$20.**

Full Name:	Date of Submission		
Mailing Address:			
E-Mail Address:			
Primary Ph. #: Alterna			
Why are you interested in Hoofbeats TRA?			
Describe any relevant experience and/or employment:			

Please discuss your application skills or areas of expe	rtise:
What are your time commitment expectations and ho willing to commit to Hoofbeats TRA?	w many hours per month would you be
What is your general availability (i.e. day time, evenin	gs, weekends)?
Do you have any other volunteer commitments?	
References:	
1. Name	Phone
Relationship (i.e. employer, landlord, friend, etc.)	
1. Name	
Relationship (i.e. employer landlord friend etc.)	



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CODE OF CONDUCT - Board Member

Appendix A

As a Board Member of the Hoofbeats Therapeutic Riding Association, I hereby agree to become familiar with the Hoofbeats Therapeutic Riding Association Policies. I agree to fulfill my delegated duties to the best of my abilities, and abide by the policies of the Society. I hereby also agree to abide by the following Code of Conduct.

- 1. I will carry out the duties of my Board position conscientiously, loyally, and honestly, remembering that my primary task as a Board Member is to serve the Hoofbeats Therapeutic Riding Association and the Society membership.
- 2. I will show respect for the authority and jurisdictional structures of the Society Board.
- 3. In my actions and words, I will promote and uphold the integrity and dignity of the Society and its policies, programs, and staff
- 4. Within my areas of responsibility, I will recommend changes of policy, procedures, or priorities, when I believe that such changes would help to meet the objectives of the Board for which I serve and/or the Hoofbeats Therapeutic Riding Association.
- 5. As a Board Member, I will not criticize other Board Members, Society employees, or the policies of the Society. If I feel changes would be advisable, I will provide constructive suggestions and/or recommendations through proper procedures and seek to make the Hoofbeats Therapeutic Riding Association as harmonious as possible.
- 6. I will not give out official or confidential information acquired by way of my Board involvement unless the release of such information has been authorized by the Board or a duly authorized Society Official.
- 7. I will use information obtained while carrying out my delegated duties as a Board Member for the intended purpose only and not for my own personal gain or interests.
- 8. If my involvement or official representation as a Board Member and/or private interests constitutes an actual or perceived conflict of interest, I will declare this to the Board who will direct and advise in which manner this may be addressed. (See the Hoofbeats Therapeutic Riding Association Conflict of Interest policy).
- 9. I will be prompt, courteous, and temperate in the performance of my duties and responsibilities as a Board Member.
- 10. I will find ways of doing my Board work more efficiently, effectively, and economically
- 11. I will maintain a positive attitude in dealing with fellow Board Members, Society employees, Society members, and the general public.
- 12. I will be courteous and polite towards other Board Members, Society employees, Society members, and the general public.
- 13. I will attempt to communicate openly with other Board Members, and seek to settle any internal differences in a respectful cooperative and constructive manner.
- 14. I will conduct myself in a manner that will bring credit to me and the Hoofbeats Therapeutic Riding Association both during and outside of my Board involvement.

Read, understood and acknowledged:

(Board Member Name-print)	(Board Member – signature)	(Date)
(Hoofbeats TRA Representative – print)	(Hoofbeats TRA Representative – signature)	(Date)

OATH OF CONFIDENTIALITY - Board Member

Appendix C

I,, affirm that I will faithfully carry out my duties as a Boo			
lember of the Hoofbeats Therapeutic Riding Association and will refuse to disclose, without due authority, ny confidential information which may be disclosed or made known to me by reason of my Board evolvement with the Hoofbeats Therapeutic Riding Association, except those matters as I may be required to communicate in order to properly carry out my duties.			
	that if my actions are contrary to the above, I will resployment with the Hoofbeats Therapeutic Riding Associated.		
Read, understood and acknowledged:			
(Board Member Name-print)	(Board Member – signature)	(Date)	
(Hoofbeats TRA Representative – prin	t) (Hoofbeats TRA Representative – signature)	(Date)	

Conflict of Interest Guidelines

Appendix E

1.0 Definitions of Conflict of Interest

- 1.1 A "conflict of interest" arises when
- a) a person, such as a Hoofbeats TRA Board member
- b) has an interest that is i. real, potential, or percieved ii. direct or indirect, and iii. private or personal, and which
- c) competes, or appears to compete, with the i. interests of the Hoofbeats TRA, or ii. objective exercise of that person's duties.
- 1.2 For greater clarity, a person's private or personal interest
- a) includes the interests of that person's immediate family members; and
- b) may or may not be financial in nature.

2.0 Purpose

- 2.1 By implementing these Guidelines, Hoofbeats TRA wishes to
- a) set standards for assessing potential conflicts of interest;
- b) enhance confidence in KTRA institutions by ensuring that KTRA Board members, and do not use their positions for personal gain;
- c) ensure that KTRA Board members uphold the highest standards of conduct; and
- d) ensure that KTRA members can have trust and confidence in KTRA Board members
- 2.2 Hoofbeats TRA recognizes that Board members have a great deal of authority, and requires that this authority be exercised in a responsible and accountable manner, and with impartiality and integrity.

3.0 Conflicts of Interest Generally

- 3.1 Hoofbeats TRA wishes to limit, to the extent possible, circumstances in which its Board members are in conflicts of interest.
- 3.2 Hoofbeats TRA policies, bylaws, regulations, laws and guidelines will be applied equally to all.
- 3.3 Hoofbeats TRA expects and requires its Board members to serve the interest of the Hoofbeats TRA community, and to avoid all conflicts of interest.
- 3.4 Where there is a conflict between the interests of Hoofbeats TRA and the personal or private interests of a Board member, the interests of Hoofbeats TRA will prevail.

4.0 Conflicts of Interest: Board Member

- 4.1 If a Board member is in a conflict of interest, the Board member will
- a) notify The Board of the conflict of interest; and

will not

- b) participate in any discussions of the matter;
- c) take any further actions with respect to the matter; or
- d) attempt in any way, whether before, during or after reporting the matter to the The Board, to influence any actions that are taken in respect to the matter.
- 4.2 Section 4.1 does not apply if, as determined by The Board, the matter of interest
- a) is a matter of interest in common with KTRA members generally;
- b) relates to remuneration or expenses payable to Board members in relation to their duties as Board members; or
- c) is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in relation to the matter.

5.0 Consequences of Breach

5.0 Consequences of Breach		
5.1 Breach of the spirit, intent or provision removal from the Hoofbeats TRA Board.	ns of these Guidelines may lead to may constitute	grounds for
reviewed these Conflict of Interest Guide	elines in detail. I understand and agree to abide the subject to removal from the Hoofbeats TRA Boar	em. I understand
(Board Member Name-print)	(Board Member – signature)	(Date)
(Hoofbeats TRA Representative – print)	(Hoofbeats TRA Representative – signature)	(Date)

Criminal Record Declaration

Hoofbeats Therapeutic Riding Association ("HTRA") is a non-profit society and registered charity that works primarily with vulnerable populations in the Princeton area, such as, but not limited to, children and adults with disabilities. As a result, we insist that all of our employees and volunteers submit to regular criminal record checks. We also impose an informational duty on all of our employees and volunteers requiring them to inform the Executive Director of HTRA immediately and without delay of any criminal convictions incurred after the commencement of their employment or volunteer service at HTRA.

Having a criminal record does not necessarily preclude one from working for or volunteering at HTRA. Any individuals with criminal records seeking to work for or to volunteer at HTRA will be considered on a case-by-case basis, with consideration given to the offence, the circumstances of the offence and the position sought at HTRA.

Please complete this form by filling out one of the following three options: ___ solemnly declare that I have not previously been convicted of any criminal offences for which I have not received a full pardon/record suspension. In the event that I am convicted of any criminal offence in the future I realize and accept that I have a duty to inform the Executive Director of KTRA immediately and without delay of the conviction and that my failure to do so may result in the immediate termination of my employment with cause or in the immediate termination of my volunteer service with HTRA. solemnly declare that I have been convicted of the following criminal offence(s): I understand that I may be required to provide additional details related to the offence in order for my application or continued employment/volunteer service with HTRA. I choose not to make a declaration and understand that by not doing so I will not be able to/ no longer be able to work for or volunteer at HTRA. (Board Member Name-print) (Board Member - signature) (Date) (Witness when signed - print) (Witness – signature) (Date)



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Hoofbeats TRA PIC Cover Letter

RCMP Princeton Detachment	
Date:	
Attention: Client Support Services Supervisor	
This letter will introduce who will be working as a volunteer with our organization. This volunteer be will working with vulnerable sector and in this regard will require a Police Information Check with Vulnerable Screening as outlined below:	

- Criminal convictions (summary and indictable) from CPIC and/or local databases.
- Outstanding judicial orders, such as charges and warrants, judicial orders, Peace Bonds,
- Probation Orders. As per CPIC policy, information obtained from the Investigative Databank must be confirmed and authorized for release by the contributing agency.
- Absolute discharges, for a period of one year from the date the applicant was found guilty, and conditional discharges, for a period of three years from the date the applicant was found guilty.
- Charges recommended and/or processed by other means such as Diversion or Alternative Measures.
- Dispositions listed in the CPIC Identification Databank or CRII under non-convictions including, but not limited to, withdrawn, dismissed, and cases of not criminally responsible by reason of mental disorder.
- Any additional information recorded in police databases documenting the applicant to have been suspect in an offence (whether or not charged), subject to provincial retention periods specific to the offence type.
- Information from police databases documenting that the applicant has previously exhibited violent, harmful or threatening behavior related to a mental health incident.
- As authorized for release by the minister of Public Safety, all pardoned criminal convictions, including non sex offences, identified as a result of a VS query.

We understand that applicants themselves must collect their results once completed, therefore we appreciate your contacting them when the results are available for retrieval.

Yours truly,
Candace Stark, Executive Director
Hoofbeats Therapeutic Riding Association



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Hoofbeats TR	A MEMBER	RSHIP		
September 2025 -	August 2026	1		
Volunteer:	Rider:	Other:		
		pasis. Our yearly mem	embership in the organization. Membersh bership fee is \$20.00.	nip
Members Name	:			
			Postal Code:	
			Phone #:	
Contact Person,	/Guardian: _			
			Phone #:	
Date:				
Applicant/Guard	dian Signatu	ıre (19 years or olde	r):	
Please comple	ete the foll	owing section if:		
* Applicant is 18 y	•	_		
* Applicant requir	es someone e	else to vote on behalf	or witness their signature	
		Voting Inform	nation only	
Name of individu	al who may v	ote on behalf of the ri	ider or witness their signature	
Name: (Please pr	int):			
		oer must be 19 years o		
* You have a say i	in how the or	ganization is run.	our Annual General meeting.	
* Membership is t	ne right to po	irficipate in the growt	th and direction of KTRA!	
Office use only:				
Date paid:		Invoice:	Cheque: Cash:	
		Membership #	· 	