

SOCIETY FOR HANDICAPPED CHILDREN AND ADULTS

May 5th, 2012

DAY ON THE FARM VOLUNTEER PACKET *Frequently Asked Questions*

What is *A Day on the Farm*?

Day on the Farm is sponsored by the Society for Handicapped Children and Adults. The Day on the Farm introduces individuals with Down syndrome and Autism to activities typically seen on a horse ranch. Activities include, but are not limited to: Horseback Riding, hayrides, arts and crafts, and a petting zoo. At the end of the day, there will be a Bar-B-Que cook out. Lunch is **free** to all volunteers.

The **May 5th, 2012** Day on the Farm is for participants that have Autism or Down Syndrome ages of 4 and above. Each participant must be accompanied by a parent or caregiver. The camp will begin at 9 am and will conclude at lunch around 1pm. Volunteers are expected to arrive at 8:00 am for orientation. There will be a buddy assigned to each participant. He or she will accompany the participant throughout the day as a buddy to assist the child to 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 that have Autism and Down syndrome to enjoy the *Day on the Farm*. Each volunteer will be assigned to one participant for the day. Volunteers will assist the participant, along with the participant's parent/caregiver in various activities.

How much time is involved?

Volunteers must be available from 8:00 am to 2:00 pm. Between 8 am and 9 am, volunteers will receive orientation for the day.

What do I bring?

Dress for a day on the ranch, a big smile and a heart for children.

Volunteers over 18 please wear a bandana around your neck any color you choose is okay!

How do I sign up?

If you haven't done so already, please fill out and return pages 2 and 3 of this package. The **May 5th, 2012** *Day on the Farm* Volunteer application packet includes the application and the background check authorization. All volunteers must submit a 2012 *Day on the Farm* volunteer application regardless of your previous volunteer experience with the Society for Handicapped Children and Adults. You may mail your application to Society for Handicapped Children and Adults, 1129 8th Street, Suite 101, Modesto, CA, 95354 or you may fax the application to 209-524-1205. Once you're application is processed and your background check is complete if applicable, you will receive an email confirming receipt of your application and your background clearance.

What happens next?

You will receive an email or a call (if no email is available) confirming receipt of your application.

What if I have more questions? Do not hesitate to contact the office at 209-524-3536

Please keep this fact sheet for your future information

FOR OFFICE USE
ONLY

App
Bkg ck
Confirm Email

SOCIETY FOR HANDICAPPED CHILDREN AND ADULTS
1129 8th St., Suite 101, Modesto, CA 95354
2012 DAY ON THE FARM VOLUNTEER APPLICATION

Applicant's Name _____ Date of Birth _____ *Age _____

*Please note-if you are 18 or over you must complete a background check authorization-no exceptions
Minimum age to volunteer 12 years old

Address _____ City _____ State _____ Zip _____

Email Address _____

Required- Most communication will be done through email

Phone: Home _____ Work _____ Cell _____

Place of Employment _____

Address _____ City _____ State _____ Zip _____

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 _____

Volunteer's Physician _____ Phone _____

PLEASE READ BELOW CAREFULLY

I request for my child or myself to be accepted as a volunteer for the "Day on the Farm" program. As a volunteer with the "Day on the Farm" program, I realize that horseback riding can be a dangerous activity. Myself and my family release, waive, discharge and promise not to sue Society for Handicapped Children and Adults, its volunteer instructors and director, its staff, executive director, and board of directors, and other participants of 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 event. I hereby release the Society for Handicapped Children and Adults of Stanislaus County, Inc. (Society), its staff and volunteers from all liability arising from participation in this activity.

I also grant permission to use my or my child's likeness in photographs, voice or words, in television, film, newspaper, and other media for the purpose of advertising or communication the purposes and activities of the Society and in appealing for funds to support the Society's activities.

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

Date _____

Volunteer Signature

*Parent or Guardian signature if volunteer under 18

SOCIETY FOR HANDICAPPED CHILDREN AND ADULTS
1129 8th St., Suite 101, Modesto, CA 95354
2012 DAY ON THE FARM
Volunteer Background Check Authorization Form
ages 18 and over ONLY

I, _____ (applicant name) hereby authorize Society for Handicapped Children & Adults of Stanislaus County 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 Handicapped Children & Adults of Stanislaus County 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 the Applicant

(Signature of Applicant) Must be over 18 years old to submit to a background check

Mailing Address **City** **State** **Zip**

DOB: _____ **Sex:** _____ **Race:** _____

Soc. Sec. No. _____

Driver Lic. No. _____

State of Issuance _____

Date of Expiration _____

Please return this completed and signed form to Society for Handicapped 1129 8th Street, Modesto, Ca 95354