



2860 King Road
 Sauquoit, NY 13456
 (315) 520-7046

Volunteer Application

Thank you for your interest in volunteering at The Root Farm.
 Volunteers are essential to the success of the vocational and recreational programs.

**Please note there is a minimum age of 16 to volunteer at the farm.*

(Please Print Clearly)

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Cell: _____ E-Mail: _____

On what date would you be able to start? _____

Which days are you available? Monday Tuesday Wednesday Thursday

Friday Saturday Sunday

What times are you available? Mornings (8:00-12:00) Afternoons (12:00-4:00) Evening (4:00-8:00)

Area(s) of Interest: Horseback Riding Agriculture Programs Special Events Clerical Work

Sports/Recreation Other _____

How did you learn about us? I am an employee From an employee Advertisement

Friend or Relative Other _____

Have you ever been employed with us before? Yes No Dates of employment: _____

Education

School Name	Location (City, State)	Circle highest year completed			
_____	_____	9	10	11	12
(High School)		9	10	11	12
_____	(Major)	9	10	11	12
(College)	(Major)	9	10	11	12

(Continued on Reverse)



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Employment History

Employer	Position/Job Duties	Supervisor	Dates

Volunteer Experience

Organization	Responsibilities	Supervisor	Dates

Personal Information

Summarize skills and qualifications acquired from employment, volunteer, or life experiences.

Horse Related Experience

Summarize experience with horseback riding, equine skills or horse care.

Indicate any languages other than English in which you are fluent in spoken, written or signed form if any:

Spoken: _____ Written: _____ Signed: _____

Have you ever been convicted of a crime including misdemeanors and summary offenses? Yes No

Have you ever been convicted or entered a plea of no contest to charges of offense which involve abusing, neglecting, or mistreating children or adults? Yes No

**If you answer "Yes" to either of these questions, you will need to describe the charges and resolutions of the charges, in full, at the time of the interview.*

Personal References

Please list two references who are not related to you. Use complete address with house or PO Box number.

Name	Address	Telephone	Years Known

Will you allow us to contact you about future volunteer opportunities and upcoming events? Yes No

(Continued on Reverse)



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Volunteer Health Assessment

Name: _____ Phone: _____

Address: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Who is your primary health care physician? _____ Phone: _____

Please list any allergies: _____

Please list any physician indicated restrictions: _____

Will you need any accommodations (due to physical, emotional, or developmental disability, heart disease, back injury, etc..) in order to provide volunteer service? _____

If yes, what kind of accommodations do you need? _____

Applicant's Signature

To the best of my knowledge, the information provided in this application for a volunteer and/or intern experience is true, correct and complete. I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision for a volunteer and/or internship position, and understand that information provided in this application may be used to conduct a background check. The agency reserves the right to dismiss a volunteer and/or intern who has provided incorrect information. Therefore, I understand that any false or misleading information given in my application or interview(s) may result in discharge. If accepted into a volunteer or intern position, I agree to abide by the Root Farm policies, rules and regulation. I understand that acceptance of an offer of a volunteer and/or internship position does not create a contractual obligation upon the Agency to continue this experience in the future. I agree that my volunteer and/or internship experience is at-will and can be terminated by the Agency at any time. The reason for termination will be explained to me at termination. I also understand that I shall not be deemed an employee of the Root Farm and that will not be compensated monetarily for any volunteer and/or intern services.

Signature: _____ Date: _____

We are an equal opportunity agency. We consider applicants for all volunteer and internship positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status. However, for the safety of our volunteers and interns, the individuals we serve and our staff, there may be positions with a minimum age requirement.



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RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability (the "Release") is executed on _____ by _____, (the "Volunteer") in favor of The Root Farm, its directors and employees. The Volunteer desires to work as a volunteer for The Root Farm and engage in the activities related to being a volunteer. The Volunteer does hereby freely, voluntarily and without duress execute the Release under the following terms:

WAIVER AND RELEASE. Volunteer does hereby release and forever discharge and hold harmless The Root Farm and its successors and assigns from any and all liability, claims and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work at The Root Farm. Volunteer understands and acknowledges that this release discharges The Root Farm from any liability or claim that the Volunteer or Guardian may have against The Root Farm with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's work for The Root Farm, whether caused by the negligence of The Root Farm or its directors, employees, or agents or otherwise. Volunteer also understands that, except as otherwise agreed to by The Root Farm in writing, The Root Farm does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury or illness.

MEDICAL TREATMENT. Except as otherwise agreed to by The Root Farm in writing, Volunteer does hereby release and forever discharge The Root Farm from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Volunteer's work for The Root Farm.

ASSUMPTION OF THE RISK. Volunteer recognizes and understands that activities at The Root Farm may, in some situations, involve various degrees of risk. Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases The Root Farm from all liability for injury, illness, death or property damage resulting from the activities of the Volunteer's work for The Root Farm.

INSURANCE. The Volunteer understands that, except as otherwise agreed to by The Root Farm in writing, The Root Farm does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

PHOTOGRAPHIC RELEASE. Volunteer does hereby grant and convey unto The Root Farm all rights, title and interest in any and all photographic images and video or audio recordings made by The Root Farm during the Volunteer's work for The Root Farm, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings. I consent I do not consent

OTHER. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the state of New York, and that this Release shall be governed by and interpreted in accordance with the laws of the state of New York. Volunteer agrees that in the event that any cause or provision of the Release shall be held to be invalid by any court of competent jurisdiction, the validity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

SIGNATURE

Signature of Volunteer

Date

Signature of Witness if under 18

Date



EMPLOYEE/VOLUNTEER/INTERN/CONTRACTOR CODE OF CONDUCT

Introduction

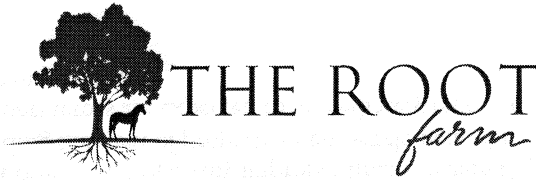
The Root Farm has certain rules and regulations regarding employee, volunteer and contractor conduct that are necessary for the efficient operation of the Agency and for the benefit and safety of all personnel and program participants. All employees, volunteers and contractors shall strive to deliver quality services and shall comply with all applicable laws and regulations that affect its various programs. Conduct that interferes with operations, discredits the agency, or is offensive to program participants and fellow workers is prohibited. The following list indicates behavior expectations for employees, volunteers and contractors. Disregard of this code of conduct can result in disciplinary action, including suspension and dismissal. The Root Farm, however maintains the right to terminate employment for any reason.

General Provisions

- The Root Farm shall only employ or work with persons with proper credentials, experience and expertise to perform their job functions.
- Employees, contractors and volunteers shall immediately report all suspected violations of the code of conduct, corporate compliance guidelines, operational policies, laws or regulations to the Vice President of Compliance Review at (315) 724-6907, or to the confidential Compliance Hotline at (315) 724-6907 ext. 7006.
- All reports or other information to be provided to any federal, state or local government agency shall be accurate, complete and filed on time.
- No deficiency or error should be ignored or covered up.
- Problems should be brought to the attention of those who can properly assess and resolve the problem.
- The Root Farm, by and through its employees, contractors and volunteers shall comply with all applicable laws, regulations and standards and other requirements imposed by any level of government and comply with all requirements of the Medicare and Medicaid programs.
- The Root Farm shall maintain complete and thorough clinical and billing records.
- Employees and volunteers shall not falsify records, including credentials, timesheets, and mileage expense vouchers or training sign-in sheets.
- Appropriate medical documentation shall be provided to the agency while an employee is on disability or a worker's compensation leave of absence.
- The Root Farm shall not permit any action of retaliation or reprisal to be taken against an employee who reports a violation of law, regulation, standard, procedure or policy.

Ethical Conduct Provisions

- Employees, volunteers, and contractors shall not engage in personal financial transactions with consumers or their families which may be construed as exploitative of the person(s).
- Gambling on agency property is prohibited.
- Solicitation or distributing non-agency materials during work time or in program participant care areas is prohibited.
- Persons shall not act in a manner that is detrimental to the public image of the agency either during working hours or when specifically representing the agency after work hours. It is everyone's responsibility to maintain the agency's integrity and reputation.
- The Root Farm will not pursue any business opportunity that requires engaging in unethical or illegal activity. Employees, contractors and volunteers shall be honest in doing their jobs.
- Employees, volunteers and contractors may not use The Root Farm's or a consumer's resources for personal or improper purposes or permit others to do so. Any improper financial gain through misconduct involving misuse of property is prohibited, including the theft of property or embezzlement of money.
- Employees, volunteers and contractors are expected to immediately report any observed misuse or knowledge of misuse of agency property to management.



- All employees, volunteers and contractors shall show proper respect and consideration for each other regardless of position or station. Discriminatory treatment, harassment, abuse or intimidation will not be tolerated.

Program Operation Provisions

- Modeling inappropriate or unacceptable behavior to a program participant including abusive or improper language is prohibited.
- Employees shall operate agency vehicles in a responsible, cautious and appropriate manner and only on Agency time.
- Employees shall not delegate their employment responsibilities to program participants unless such tasks are described in the individuals' plans of service by the program planning team for the benefit of the consumer.
- Employees shall follow and implement prescribed treatment plans for consumers
- Employees shall comply with medication administration regulations, policy and procedure.
- All employees, contractors and volunteers must fully cooperate in any investigation conducted by the agency or external regulatory entity.
- Employees shall not engage in irregular attendance or habitual lateness.
- Sleeping or doing personal work while on the job is prohibited.
- Drugs and other pharmaceuticals shall be stored safely and inventoried. Missing supplies shall be reported promptly to the supervisors.
- The Root Farm will contribute to an employee's competence by making available continuing job-related education and training. It is expected that employees will participate in required and optional training activities to enhance their skills, knowledge and attitude.

Confidentiality Provisions

- All records and other personal information regarding program participants and employees shall be treated as confidential information and utilized in a professional manner at all times, regardless of mode or manner in which the information is received or stored.
- Employees, volunteers and contractors shall not reveal any confidential information The Root Farm business, consumers or staff.
- Confidential information related to the agency, consumers or employees will not be used for personal gain or toward the detriment of the person.

Service Billing Provisions

- Employees who perform billing and/or coding of claims must take every reasonable precaution to ensure their work is accurate, timely and in compliance with federal and state laws and regulations and The Root Farm's policies.
- No claim for payment or reimbursement of any kind that is false, fraudulent, inaccurate or fictitious may be submitted. No falsification of medical, time or other records that are used as the basis of submitting claims will be tolerated.
- The Root Farm will bill only for services actually rendered and which are fully documented in a person's medical records. If the service must be coded, then only billing codes that actually describe the services provided will be used.
- The Root Farm shall act promptly to investigate and correct the problem if errors in claims that have been submitted are discovered.
- The Root Farm shall maintain complete and thorough clinical and billing records.

Signature

Title

Printed Signature

Date