The BINA Farm Center
Teen Ambassador Program
(BFC TAP)

Adapted from the Leadership Albuquerque 2016 Ronald McDonald House Charities of New Mexico Tool Kit with permission from the United Way of Central New Mexico.
Program Overview
The BFC Teen Ambassador Program (TAP) was conceived and established in 2016 to encourage and nurture future leaders in community service and non-profit organizations. At BFC, our mission is to bring together those with and without special needs by offering a variety of inclusive enrichment programs that will ultimately help them thrive personally and to make their best contribution towards the communities they live in and the society at large. Our comprehensive therapeutic and recreational environment utilizes Equine Assisted Activities and Therapies, Vocational Training Programs and Creative and Complementary Therapies for children and adults with physical, developmental and emotional challenges. We foresee our Teen Ambassadors as future leaders who will contribute significantly to the mission of inclusivity and philanthropy as they engage in community service and gain knowledge about how a non-profit organization functions.

BFC TAP Outcomes
BFC TAP will engage, educate and inspire teenagers to become more involved in their community. We believe this mutually inclusive relationship will teach teens lifelong leadership skills and encourage a lifetime of community service while at the same time give BFC vital youth energy and a teen perspective of our mission.

BFC TAP Position Descriptions and Duties
- A group of 15-20 Ambassadors
- High school students (ages 14-18) apply for yearly commitment
- Expectation to attend TAP orientation
- Observe 2 Therapeutic sessions
- Present at yearly Gala celebration
- Responsible as a group for conceiving and completing 3 group projects;
  - Barn Project: Determine a needed permanent addition for the farm such as a sensory trail station or a garden area, and work together to create that structure
  - Development Project: Determine a program need and brainstorm ideas how to fund, and then implement the fundraiser. Examples: coordinate a school bake sale or auction to raise funds for a new bench for the barn or for a new horse
  - Gala Project: Create a presentation for the gala highlighting their TAP experience and including the participants from various BFC programs as well.
  - Community Outreach Project: Present and network with a corporation or philanthropic group.

BFC Staff Mentors to TAP
- Staff members responsible for overseeing TAP include Community Outreach & Special Events Manager who reports to the Associate Director and Board members involved with the program as well as other interested staff/volunteers.
- These staff members participate in the application and selection process, advise and mentor the teen ambassadors throughout the year, attend meetings, and supervise projects.

Application and Interview Process
The application process includes a written application and an interview with staff members.
Written Application

The application packet is the first contact many young people will have with the program. This document describes the program and communicates the professional expectations related to program membership. Applicants must explain why they want to join the program and what unique skills they will bring to the group. The application also includes short answer questions about applicant’s personal interests and experience working in groups. Two letters of recommendation from teachers or community members provide more information about applicants and support evidence of teamwork ability.

Interview

The interview provides an opportunity to meet the applicants and learn more about how they work with others. Staff and board members begin the interview by introducing themselves, giving a brief overview of the program and explaining the interview process. Each applicant has the opportunity to discuss his/her interest in the topic, firsthand experience, and commitment to the program, and to ask any questions the applicant might have.
Timeline July 2017 – November 2018

July 2017
• Application process for the 2017/2018 year is now open.

September 2017
• September 8th, 2017: Applications are DUE for the 2017/2018 year.
• Interviews will happen during the month of September for new TAP members.

October 2017
• October 1st, 2017 Selections of new TAP Ambassadors will be made.
• Gala 2017 Prep Meeting/Welcome New Ambassadors.

November 2017
• November 4th, 2017: Attend Horsing Around at the Ritz Gala 2017 6:00 p.m. Ritz Carlton, Boston.

December 2017
• Welcome New Ambassadors: Orientation and overview of program. Meet and greet the incoming Teen Ambassadors, Staff Members and some participants. Elaborate on past projects and brainstorm for 2018 projects.

January 2018
• Brainstorm Barn project or choose an idea from barn staff task list to be completed by the end of October 2018.
• Brainstorm on the Development project, the BFC need from the staff wish list and how to fund it.

February 2018
• Begin work on the barn project and plan the development project.
• Observe 1st therapeutic riding lesson.

March 2018
• Observe 2nd therapeutic riding lesson.
• Complete the barn project and continue the plan for the fundraising project.

April 2018
• Present to an area corporation or group as part of Community Outreach project.
• Execute and complete the Development project.
• Volunteer at Rider Showcase & Open House, Date TBD.

May 2018
• Begin creating proposal for Gala 2018 presentation, video, etc.

June 2018
• Discuss Gala presentation, video etc.
• Present to a possible 2nd area corporation or group as part of Community Outreach project.

July 2018
• Vacation
• Application process for the 2018/2019 year is now open.

August 2018
• Vacation

September 2018
• September 8th, 2018 Applications are DUE for 2018/2019 year.
• Meet to work on the gala presentation.
• Discuss the results of the development project.

**October 2018**
• Beginning of month, Ambassador meeting regarding Gala presentation.

**November 2018**
• End of month, Ambassadors present accomplishments at Gala.
• Wrap up program. Celebration party and award graduates their certificates for graduating the TAP program. At this celebration they take their “pledge” to continue to be ambassadors of spreading the word about compassion and tolerance within their community.
December 2017 BFC TAP Orientation Outline
90 minute curriculum

• Introduction 10 minutes
  o Returning TA lead the meeting
    o Who you are and what you hope to accomplish?

• Ice-Breaker/ Team Building 15 minutes
  o Find a partner
  o Have a 3 minute conversation - a good one
  o Introduce your partner to the group answering at least 3 of the 4 questions
    • What’s important to him/her?
    • How is she/he unique?
    • What does he/she admire in others?
    • Would she/he rather wear a bright red nose or big red shoes to a wedding?

• BFC Overview 15 minutes
  o Review of the who, what, when, where, why of the organization
    o Show highlights of previous TAP accomplishments
    o Short video, projects, etc.

• Leadership Overview 25 minutes
  o What does it mean to be a leader [Group discussion]
    • Attributes of a good leader
    • Manager vs. leader
  o The d word...delegation
  o Why are you a leader?

• Program Overview and Expectations 20 minutes
  o Review of materials
  o How personal and program goals blend [Round robin]
  o Reinforce Ambassador commitment
    • establish expectations for Ambassadors in the program and emphasize responsibility of membership
    • establish the seriousness of the program and reinforces the importance of individual responsibility to the group
    • review attendance guidelines and expected engagements
    • give examples of provisions for excused absences

• Next steps 5 minutes
• Adjournment
• Oops! I forgot to ask...
  o Contact BFC
  o If I have a conflict, etc
The BINA Farm Center
207 Union Street
South Natick, MA 01760

Dear Student:

Thank you for your interest in joining the BINA Farm Center Teen Ambassador Program. We are excited about the participation of the Teen Ambassadors in BFC activities. This program is designed to attract a dynamic, service-oriented group of young people who have an interest not only in helping BFC, but in improving their community.

As a Teen Ambassador, you will have the opportunity to participate in various events and activities throughout the year. Your involvement may include creating new spaces or activities for participants at BFC’s Lexington site, creating a fun environment at BFC for children and visitors during events, organizing drives for needed supplies and promoting awareness of BFC and its purpose.

To be considered for the Teen Ambassador position, you will need to submit the following to BINA Farm Center no later than September 8, 2017.

1. BFC TAP Application
2. Letter of Interest
3. Two letters of recommendation
4. Parental consent to participate

The Teen Ambassadors will meet approximately 2 times per month for 9 months during the school year and participate in 3 service projects and 2-3 presentations including the yearly Gala. Please make sure that you will be able to make the time for these activities as participation is critical to success.

We look forward to meeting with you!

Regards,

BFC TAP Selection Committee
Dear Parent:

Thank you for your interest in BINA Farm Center Teen Ambassador program. Our Teen Ambassadors are a very special group of teenagers who make a valuable contribution to our program as well as gain a truly unique volunteer experience. An elite group of students will be selected to spend 9 months assisting the BFC through our Teen Ambassador Program (TAP). The Teen Ambassador Program session dates are November 2017 through November 2018 (off during the summer months). All applicants must be a current high school student or entering the 9th grade. If selected, Teen Ambassadors must attend scheduled meetings and be an active participant in all activities and events. This is an 9 month commitment.

All of the materials included in this packet must be received in the BINA Farm Center offices by, September 8, 2017. Please note two people unrelated to your teen will need to fill out the enclosed recommendation form and return it as part of the application packet. One reference must be from a school teacher, advisor, coach, guidance counselor or other community leader. References must be 21 years of age or older and non-family members. After all the forms are received in the BINA Farm Center office, we will contact your teen to schedule a personal interview before September 30th. We will select participants for the program based on his/her qualifications and personal interview. Applicants will be notified of their acceptance by the first week in October. Once your teen has been accepted into the program, the next step for any new Teen Ambassador will be to attend the mandatory orientation.

Thank you for your allowing your teen to become part of this worthwhile program. Please feel free to contact me regarding any questions you may have.

Nicole Rotatori
Community Outreach & Special Events Manager

Send completed application materials to:
The BINA Farm Center
Attn: BINA TAP
207 Union Street
South Natick, MA 01760
BINA Farm Center
Parental Consent Form

As the parent/guardian, you play an important role in your child’s experience as a Teen Ambassador. We ask that you discuss the program and responsibilities with your child and sign the statements below indicating consent.

Teen’s Name: __________________________________________ Age: ____________

PARENT or LEGAL GUARDIAN (please print): I, ____________________________, give my child, ____________________________, permission to participate as a volunteer Ambassador for the BINA Farm Center.

My child and I have reviewed all application materials. I understand that my child named above wishes to be considered for volunteer work and I hereby give my permission for them to serve in that capacity, if accepted by BFC TAP. I understand that my child is required to attend the orientation and training necessary for the safe and responsible performance of their duties and that they will be expected to meet. My child agrees to abide by all volunteer requirements set forth by BFC. I understand and support the commitment my son/daughter is agreeing to uphold should he/she be selected for as a Teen Ambassador. I will provide guidance and assistance to them as needed during their year of volunteer service.

Signature: __________________________________________ Date: ____________________
VOLUNTEER REGISTRATION & RELEASE FORM

Please Print Clearly

NAME: ___________________________ DOB: _______________ AGE: ___________

ADDRESS: ________________________________________________________________

CITY: ___________________________ STATE: _______________ ZIP: ___________

HOME PHONE: _____________________ WORK PHONE: _____________________

CELL PHONE:_________________________ EMAIL: ____________________________

SCHOOL: __________________________ GRADE: __________________________

PARENT/GUARDIAN NAME: ______________________ PHONE: ___________________

How did you hear of the BINA Farm Center? friend relative newspaper flyer other

PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING:

PHOTO RELEASE: ______ I Consent to and authorize ______ I do not consent to nor do I authorize The use and reproduction by the BINA Farm, Inc. and Dana Hall School of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program. _____Initial

CONFIDENTIALITY POLICY: At the BINA Farm Center, we place great importance on protecting the confidential information of our clients, our staff & our volunteers. "Confidential Information" includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, e-mails, etc., as well as the non-public business records of the BINA Farm Center. In particular, medical information about clients, & information about their disabilities or special needs, must be protected as Confidential Information. Volunteers shall never disclose confidential Information to anyone other than the BINA Farm staff. Volunteers must seek staff permission before taking any pictures or videos. I HAVE READ & UNDERSTAND THE BINA FARM CONFIDENTIALITY POLICY AND AGREE TO ABIDE BY SAME.

Date:_________________________ Signature________________________________________

Signature of Parent/Guardian

If volunteer is under 18 years of age, both parent and volunteer signatures are required.

DANA HALL SCHOOL RELEASE OF LIABILITY: I understand and agree that Karen Stives '68 Equestrian Center (KSEC) and all its employees will not be responsible for any accident that may occur. I hereby release Dana Hall and its employees from all claims, actions, judgments, damages, liabilities, costs and expenses relating to use of KSEC, and I further agree to hold KSEC and all its employees harmless and indemnify them against any legal proceedings, claims, actions, judgments, damages, liabilities, costs and expenses relating to any such accident or loss. Every precaution will be taken to provide a safe riding experience, but KSEC cannot be responsible should an accident occur.

MASSACHUSETTS CHAPTER 128 SECTION 20: Under Massachusetts law an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Sec. 20 of Chapter 128 of the general laws.

I have read all of the above, agree to, and understand its contents.

Date:_________________________ Signature________________________________________

Signature of Parent/Guardian

If volunteer is under 18 years of age, both parent and volunteer signatures are required.

207 Union Street • Natick, MA 01760 • PHONE 508.651.2462 • FAX 508.651.2463
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORM for VOLUNTEERS

Name: ______________________ DOB: ____________ Phone: ______________

Address: ____________________________________________________________

Physician’s Name: ____________________________ Preferred Medical Facility: __________

Health Insurance Company: ________________________ Policy # ______________________

Allergies to medications: _________________________________________________

Current medications: ______________________________________________________

In the event of an emergency, contact:

Name: ___________________________ Relation: _______ Phone: ______________

Name: ___________________________ Relation: _______ Phone: ______________

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize the BINA Farm, Dana Hall School, and J.P.C., LLC to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed “life saving” by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: ________________ Consent Signature: ______________________________________

Volunteer (If over 18), Parent or Legal Guardian

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in case of illness or injury during the process of receiving services or while being on the property of the agency.

o Parent or legal guardian will remain on site at all times during equine assisted activities.

o In the event emergency treatment/aid is required, I wish the following procedure to take place:

________________________________________________________________________

Date: ________________ Non-Consent Signature: __________________________________

Volunteer (If over 18), Parent or Legal Guardian

207 Union Street • Natick, MA 01760 • PHONE 508.651.2462 • FAX 508.651.2463
RELEASE OF LIABILITY FOR The BINA Farm, Inc., J.P.C., LLC, & Dana Hall School

This is a legal document, please seek legal counsel if you don’t understand the content prior to signing.

This RELEASE of LIABILITY made and entered into this ___ day of ____________ 20__, by and between The BINA Farm, Inc., the Dana Hall School, & J.P.C., LLC., hereinafter designated as FARM, and ________________________, hereinafter designated as PARTICIPANT, and if PARTICIPANT is a minor, PARTICIPANT’s parent or guardian, _________________________. In return for use, today and on all future dates of the property, facilities and services of the FARM, the PARTICIPANT, his heirs, assigns, executors, administrators and legal representatives, hereby expressly agree to the following:

1. Insurance. It is the responsibility of the PARTICIPANT to carry full and complete insurance coverage on his horse, personal property and himself.

2. Inherent Risks and Assumption of Risks. PARTICIPANT acknowledges there are inherent risks associated with equine activities, including, but not limited to the propensity of horses to behave in ways such as running, bucking, biting, kicking, stumbling, rearing, falling or stepping, and that horses may have unpredictable reactions to such things as sounds, sudden movement and unfamiliar objects, persons or other animals. PARTICIPANT further acknowledges that the behavior of any animal is contingent to some extent upon the ability of the PARTICIPANT. PARTICIPANT warrants that a full and fair disclosure of PARTICIPANT’S abilities has been made to the FARM. PARTICIPANT agrees to assume ANY AND ALL RISKS INVOLVED IN, OR ARISING FROM, PARTICIPANT’S USE OF OR PRESENCE UPON, THE FARM’S PROPERTY AND FACILITIES, or any land made available to the FARM for use by PARTICIPANT, including, without limitation, but not limited to, the risks of death, bodily injury, property damage, falls, kicks, bites, collisions with vehicles, horses or stationery objects, fire or explosion, the unavailability of emergency medical care, or the negligence or deliberate act of another person. Also there can be gardening risks with use of gardening tools.

   WARNING

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

3. Release and Covenant not to Sue. PARTICIPANT (and if applicable, PARTICIPANT’S parent or guardian) agrees to hold FARM and all of its successors, assigns, subsidiaries, franchises, affiliates, officers, directors, employees, agents and lessors including the Owner of the property upon which FARM is located) completely harmless and not liable forever and release them from all liability whatsoever and AGREES NOT TO SUE them on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of PARTICIPANT’S use or presence upon FARM’s property and facilities, including without limitation, those based on death, bodily injury, property damage, including consequential damages, even if such damages are caused by the negligence of the FARM, its employees, representatives or agents, except if the damages are caused by the direct, willful and wanton negligence of the FARM.

4. Waiver of Statutory Provisions. PARTICIPANT agrees to waive the protection afforded by and statute or law in any jurisdiction (e.g. California Civil Code § 1542) whose purpose, substance and/or effect is to provide that a general release not extend to claims, material or otherwise; which the person giving the release does not know or suspect to exist at the time of executing the release.
5. **Indemnification.** PARTICIPANT agrees to indemnify and defend the FARM and all of its successors, assigns, subsidiaries, affiliates, officers, directors, employees, agents and lessors (including the owner of the property upon which the FARM is located), against, and hold them harmless from any and all claims, causes of action, damages judgments, costs or expense including attorney’s fees which in any way arise from or are in any way connected with PARTICIPANT’S use of or presence upon FARM property and facilities, or any property or facilities of other persons made available to the FARM for use by PARTICIPANT.

6. **Rules and Regulations.** PARTICIPANT agrees to abide by all of the FARM’s RULES AND REGULATIONS which may be in effect from time to time.

7. **Horse Must Be In Proper Health.** If PARTICIPANT is using his horse, or a horse not owned by the FARM, the horse shall be free from infection, contagious or transmissible disease. The FARM reserves the right to refuse access or use of any horse that does not appear to the FARM to be in proper health or is deemed dangerous or undesirable.

8. **Limitation of Actions.** Any action brought under this Agreement shall be brought within one (1) year of the incident or accident giving rise to such claim. PARTICIPANT agrees that damages shall be limited to $250 for property damage, actual expense incurred, and a maximum of $10,000 for damages such as pain and suffering.

9. **Governing Law.** This contract is non-assignable and non-transferable and is made and entered into in the State of Massachusetts and shall be enforced and interpreted under the laws of this state. Should any clause be in conflict with State Law, then that clause is null and void. When the FARM and PARTICIPANT (parent or guardian, if PARTICIPANT is a minor) sign this contract, it will then be binding on both parties, subject to the above terms and conditions.

By signing this form in the space provided below, PARTICIPANT (or PARTICIPANT’s Parent or Guardian, if applicable) acknowledges that they have read and fully understand the content of this form.

________________________________________
Participant Signature (If over 18)

________________________________________
Parent/Guardian Signature (If Minor)          Phone
Equine Activity Release and Hold Harmless Agreement for the BINA Farm, Inc., J.P.C., LLC and Dana Hall School

1. I, the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with the BINA Farm, Inc., Dana Hall School, & J.P.C., LLC., understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).

2. I acknowledge the risks and potential for risks related to any equine activities, rock climbing, gardening, yoga, dance, music, art and swimming activities including grievous bodily harm. However, I feel that the possible benefits to myself are greater than the risks assumed.

3. I understand the potential dangers that I could incur in mounting, riding, walking, boarding, feeding said horse; including, but not limited to, any interactions with other horses. Understanding those risks I hereby release that Company, its officers, directors, shareholders, employees and anyone else directly or indirectly connected with that Company from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me or anyone else caused by or incidental to my electing to mount and ride a horse owned or operated by the BINA Farm, Inc.

4. I understand and recognize and warrant that this Release and Hold Harmless Agreement, is being voluntarily and intentionally signed and agreed to, and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement may further limit the liability of equine professionals to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property.

5. I recognize and agree that I know which equine professional(s) I will be working with, and acknowledge that I agree said equine professional(s) has/have made reasonable and prudent efforts to determine my ability to engage in the equine activity, and has/have sufficient knowledge of my equine and horseback riding skills as to relieve, release and hold harmless said equine professional(s) from any continuing duty to monitor my equine activities.

6. I further voluntarily agree and warrant to Release and Hold Harmless this (these) equine professional(s) from any liability whatsoever, including, but not limited to, any incident caused by or related to said equine professional’s (s’) negligence, relating to injuries known, unknown, or otherwise not herein disclosed; including, but not limited to, injuries, death or property damage from: mounting; dismounting; walking; grooming; feeding; use of horse barn, paddock, trails or horse ring, to any capacity; falling off horse whether horse is bucking, flipping, spooked; or my failure to understand any equine professional’s directions relating to my riding or otherwise use and control, or lack thereof, of my horse or the horse I have been assigned to.

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

Date: _____________ Company: BINA Farm, Inc., Dana Hall School, & J.P.C., LLC

Person voluntarily entering onto this Release and Hold Harmless Agreement:

207 Union Street ● Natick, MA 01760 ● PHONE 508.651.2462 ● FAX 508.651.2463
Teen Ambassador Application Form

Applicant Name: ___________________________ Date of Birth: _______________

Address: City: ___________________________ State: __________ Zip Code: __________

Name of School: __________________________ Grade: __________________________

Preferred Phone: ( ) __________________________ Email: _______________________

Parent/Legal Guardian Name (please print): __________________________

Emergency Contact: __________________________ Relationship: __________________

Preferred Phone: ( ) __________________________ Alternate Phone: ( ) __________

Please list the activities you are involved in (sports, music, theater, community service, clubs, etc.)

____________________________________________________________________________

____________________________________________________________________________

Please provide a brief personal description highlighting your academic and personal achievements, interest, and passions.

____________________________________________________________________________

____________________________________________________________________________

How would you plan to fit the monthly meetings, activities and events into your schedule?

____________________________________________________________________________

____________________________________________________________________________
Why do you believe you should be selected as a member of our Teen Ambassador Program?

________________________________________________________________________________________________________________________________________________________

What is your definition of leadership? What does it mean to be a young leader?
________________________________________________________________________________________________________________________________________________________

What do you hope to obtain from this service program, including the specific skills you would like to develop, the experience you would like to gain, and what benefits do you see this role giving you and your community?
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References
Please provide two letters of reference with your application. Reference forms are attached. References must be 21 years of age or older and non-family members. One reference must be from a school teacher, advisor, coach, guidance counselor or other community leader.

Ambassador Commitment Statement
If selected, I agree to attend scheduled meetings and be an active participant in all activities and events. I am aware that this is a full school year commitment. I understand that lack of active participation greatly diminishes the Teen Ambassador program and that lack of participation may be cause for dismissal from the program. I will make my best effort to obtain materials from the appropriate person, and continue my support when I have missed a meeting.

____________________________________
Signature of Applicant

Date

____________________________________
Signature of Parent/Guardian

Date

Please return your completed application packet to BINA Farm Center by September 8, 2017.
Interviews for all applicants will take place in September 2017.