

# Volunteer Application

**INFORMATION SHARED WILL BE KEPT CONFIDENTIAL**

**-PLEASE KEEP THIS TOP SHEET FOR YOUR RECORDS OF OUR CONTACT INFO-**

**Location: Honey Bridge Ranch: 6N917 Rt 25, St. Charles, IL 60174  
(2mi north of Army trail Road)**

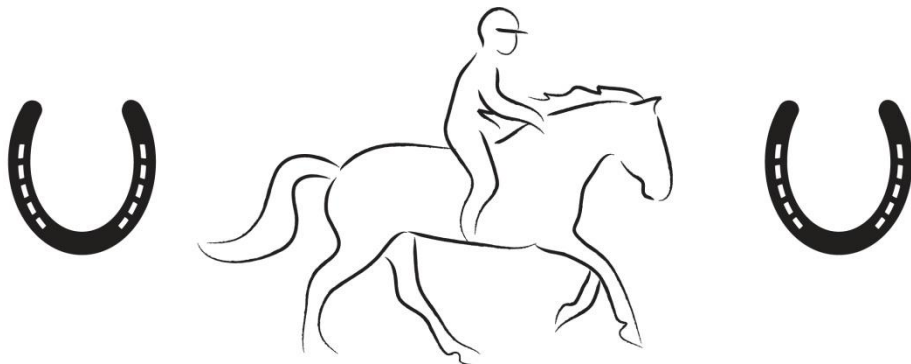
***Private Property - Visits are by Appointment Only***

**HorsePower Mailing Address: PO Box 361 Elburn, IL 60119**

**Phone: 815-508-0804 Fax: 815-508-0804**

**email: [info@HorsePowerTR.com](mailto:info@HorsePowerTR.com) web: [www.HorsePowerTR.com](http://www.HorsePowerTR.com)**

# HORSEPOWER



**➤ THERAPEUTIC RIDING ➤**

# HorsePower Therapeutic Riding Volunteer Application

Name: First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_ Age: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Previous Mailing Address (if above address is less than one year):  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_

## Permission to use Photos and Videos

HorsePower may reproduce and use of any and all likenesses, including photos and videos, made in connection with volunteer's participation in HorsePower activities for the purpose of marketing and educating others about Horsepower, including, but not limited to website, brochures, social media, PowerPoint presentations, etc. \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

## Confidentiality

As a volunteer for HorsePower I hereby acknowledge that I have received and reviewed the confidentiality agreement for HorsePower Therapeutic Riding located in this packet. I fully understand and agree to comply with the terms and conditions outlined in this agreement.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

## Sexual Abuse

As a volunteer for HorsePower I hereby acknowledge that I have received and reviewed the sexual abuse policy for HorsePower Therapeutic Riding located in this packet. I fully understand and agree to comply with the terms and conditions outlined in this agreement.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's signature  
(If Volunteer is less than 18yrs of age)

\_\_\_\_\_  
Date

Background Checks. HorsePower conducts background checks on every volunteer over the age of 18. Presently, or in the past, have you been charged with or convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain. All information is kept confidential: \_\_\_\_\_

I give HorsePower permission to conduct a personal background check on myself and to receive information regarding my criminal past for the sole reason of reviewing my application as a potential volunteer for this organization. I will bring a photo ID to Volunteer Orientation so that my age and identify can be verified by HorsePower staff. It is understood that if results of my background check comes back unacceptable, I may be asked to resign my position as a HorsePower volunteer

Signature: \_\_\_\_\_ Printed Name as it appears on your Driver's License \_\_\_\_\_

Illinois Driver's License Number \_\_\_\_\_

Have you gone by any other names or aliases in the past 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Provide names if yes \_\_\_\_\_

## Selling of Raffle Tickets by Minors

(If applicable) As a parent/guardian of \_\_\_\_\_, a volunteer, aged \_\_\_\_\_, at HorsePower I give permission to allow him/her to sell raffle tickets for the organization's fundraising purposes. (required by IL state statute)

\_\_\_\_\_  
Volunteer's Parent/Guardian Signature

\_\_\_\_\_  
Date

References

List 2 references that can attest to your work ethic, horse/animal experience and character. List their name, phone number and how they know you.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

➤ In what ways have you been involved with farm animals or horses? Do you have at least 2 years of experience with horses? (Required for Program Volunteers, but not for Support or Critter Connections Volunteers)

\_\_\_\_\_

\_\_\_\_\_

➤ Have you ever been involved with or had work or life experiences with people with special needs/disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_ Describe \_\_\_\_\_

➤ Our teaching days are Mondays, Wednesdays, Fridays and Saturdays, with various other times/days for horse training and office tasks. When are you available?

\_\_\_\_\_

➤ How many hours can you volunteer each week?  
(one 2hr shift per week min. is preferred) \_\_\_\_\_

Will your availability change in the summer? \_\_\_\_\_

➤ Describe your strengths. \_\_\_\_\_

➤ Describe your limitations. \_\_\_\_\_

➤ How did you hear about HorsePower? Did someone refer you? \_\_\_\_\_

➤ Have you volunteered before? Why do you want to be a volunteer? \_\_\_\_\_

\_\_\_\_\_

Roles. We can utilize volunteers in a wide variety of ways. How would you most like to help. Check all that interest you. Underlined volunteer roles are for Program Volunteers, who must have 2 years of horse experience and pass a skills assessment test. All other roles are open to Support Volunteers who do not need any horse experience.....just a willingness to help and ability to work independently. If you have a skill we have not listed, please tell us about it.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Horse Leader                                | <input type="checkbox"/> Hosing Down Horses  | <input type="checkbox"/> Cleaning             |
| <input type="checkbox"/> Sidewalker                                  | <input type="checkbox"/> Fund-Raising  | <input type="checkbox"/> Cleaning Tack        |
| <input type="checkbox"/> Critter Connections<br>(small farm animals) | <input type="checkbox"/> Gardening   | <input type="checkbox"/> Making Therapy Games |
| <input type="checkbox"/> Horse Training                              | <input type="checkbox"/> Marketing Booths  | <input type="checkbox"/> Baking               |
| <input type="checkbox"/> Grooming                                    | <input type="checkbox"/> Photography   | <input type="checkbox"/> Greeter              |
| <input type="checkbox"/> Barn Chores                                 | <input type="checkbox"/> Being a "job coach"<br>to a volunteer with special<br>needs |   |
| <input type="checkbox"/> Hand-Grazing                                |  |   |



## Volunteer Waiver of Right to Sue Release of all claims and Indemnity Agreement

All participants (participants and volunteers) are required to complete this Release. By signing below, I::

- a) Acknowledge that horseback riding and horse handling involves risks, may cause serious injury and, in some cases, death, because of the unpredictable behavior of horses, regardless of their training and past performance. Under the Illinois Equine Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility of injury, loss or damage to person resulting from the risk of equine activities. Upon entering Honey Bridge Ranch property and participating in HorsePower Therapeutic Riding activities, I acknowledge that I assume full responsibility for my own safety and the safety and security of my property. I further understand that I ride and participate in activities with HorsePower Therapeutic Riding at my own risk. I agree to hold HorsePower Therapeutic Riding and Honey Bridge Ranch, along with their respective owners, directors, officers, managers, operators, volunteers, agents, employees, contractors, boarders and horse owners, harmless from every and all claims that might arise from any injury that occurs from the use of any horse and/or equipment, on behalf of myself, my heirs, successors, assigns, guardians, representatives or dependents. I understand that HorsePower Therapeutic Riding and Honey Bridge Ranch do not represent or warranty the quality or character of any horse furnished, and that HorsePower Therapeutic Riding, Honey Bridge Ranch, and their respective owners, directors, officers, managers, operators, volunteers, agents and employees are released from liability for ordinary acts of negligence. This release has provided me with notice of the risk of engaging in any and all equine activities. I understand (1) the propensity of a horse to behave in dangerous and unpredictable ways that may result in injury to me and others; and (2) the hazards of surface or subsurface conditions.
- b) Knowingly and voluntarily assume the risk and danger of injury or death inherent in the use of a horse, being on the premises and using the equipment and gear provided to me.
- c) Agree to be solely responsible for complying fully with all safety regulations and practices, including, but not limited to, the use of a properly fitted and certified riding helmet and the wearing of proper footwear. There is no non-consent for helmet use.
- d) Hereby FOREVER RELEASE, DISCHARGE, AND HOLD HARMLESS HorsePower Therapeutic Riding and Honey Bridge Ranch, doing business under its own name or any other name, and their respective owners, directors, officers, managers, operators, volunteers, agents, employees, contractors, boarders and horse owners from and against any claims of liability for bodily injury or damage to property arising from my participation in HorsePower Therapeutic Riding activities or my presence on the Honey Bridge Ranch premises, whether caused by the negligence of HorsePower Therapeutic Riding or Honey Bridge Ranch, their respective owners, directors, officers, managers, operators, volunteers, agents, employees, contractors, boarders and horse owners or otherwise. I further agree to fully indemnify HorsePower Therapeutic Riding and Honey Bridge Ranch, doing business under its own name or any other name, and their respective owners, directors, officers, managers, operators, volunteers, agents, employees, contractors, boarders and horse owners for any injury, claim, judgment, or expense that may incur, arising out of, or in any way connected, to use of any horse, presence on the premises, use of any equipment, or property brought on to Honey Bridge Ranch premises.
- e) Agree that HorsePower Therapeutic Riding does not provide medical insurance for volunteers. All volunteers are strongly encouraged to carry a medical insurance policy as in the event of an injury, we do not carry coverage for volunteers.
- f) Agree to abide by and follow any instructions given or rules established by the program, or any staff, regarding to the use of the premises, horses, or any equipment or gear provided.

All volunteers and their guardians (if under 18) will sign the agreement. It must be turned in prior to any volunteering.

Volunteer Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Signature \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_



## Volunteer Code of Conduct at HorsePower and Honey Bridge Ranch

*By reading the below expectations and signing below, you declare that you have read and understand these expectations. You also declare awareness that HorsePower does not offer medical insurance coverage if you get hurt, and it is likely at some point you may incur an injury. You must carry your own medical insurance coverage. You may be stepped on, bitten, kicked, or bumped into by a horse while volunteering. Horses are unpredictable and volunteering may cause injury. Under the Equine Liability Act, everyone who participates in activities with equines assumes the risks of engaging in these activities and is legally responsible for injury, loss, or damage to person or property resulting from the risk of equine activities.*

Arrive on time, well rested and with a positive, "can do" attitude

Be willing to make a serious, long-term commitment to your peers and program participants.

Respect our participants' confidentiality at all times.

No social media posts or tagging of HP/HBR that may violate confidentiality or expose activities that violate this Code of Conduct

Conduct yourself in a professional manner, giving respect to all you encounter.

Carefully follow all public health procedures at all times. Gently remind others if they are non-compliant with procedures.

Act as an ambassador for the HorsePower program in the community.

Use "person-first" language. (for example, say: "child with autism" not: "autistic child")

Be polite, helpful and courteous to the Honey Bridge Ranch owners, boarders and staff.

Download the Volunteer Scheduler Pro app and use it to check your schedule and request subs when needed.

If you need to cancel, request a sub using the VSP app at least 24hr in advance. Vols who "no show" may be asked to resign.

Stay on your feet and never kneel around a horse.

When unsure of a duty it is the volunteer's obligation to ask questions.

Do not feed, treat, ride or handle horses, or farm animals unless specifically trained and instructed to do so.

No smoking, drugs or alcohol use anywhere on the property. Alcohol only permitted at HP events with Board approval. Minors prohibited from engaging in these activities at all times including at special events

Please don't climb on equipment, gates, fences.

No negativity, profane language, cliques, sarcasm, drama or gossip will be tolerated.

If additional training is needed to refine your skills or improve confidence, sign up for the trainings offered.

Report any animal health issue immediately to the instructor or ranch staff.

Help yourselves to drinks and snacks and contribute to the snack fund jar when you are able.

No running unless a lesson requires it.

No cell phones allowed in arenas or lessons. Leave cell phones in the black volunteer mailbox in the HP tackroom.

No use of earbuds or headphones.

No hands in pockets during lessons.

Volunteers should wear appropriate clothing to every shift, including their HorsePower t-shirt or sweatshirt.

No droopy or low-rise pants, no belly or lower back showing, no skimpy tank tops, no short-shorts.

Boots should be worn.

Please do not come to or stay at the ranch outside of your scheduled volunteer shift unless invited to do so

Leave your pets at home. Do not leave pets in your car. Do not bring your children or guests.

Ensure all paddock/arena gates are securely shut. Open gates INTO paddocks and pastures, not outward.

DRIVE SLOWLY, be ready to pull over or back up if another vehicle is already on the one-lane drive.

Park alongside the indoor arena at the lower barn or in the parking strip.

### **Volunteer Code of Ethics**

It is understood that being accepted as a volunteer at HorsePower is subject to a trial period of evaluation. HorsePower may ask for my resignation for any reason. I guarantee that my application is 100% truthful and the information contained herein is not misleading. Additionally, I understand that my volunteer status is dependent upon on my criminal background check. I understand I play a vital role as a volunteer to HorsePower and therefore pledge to meet my commitments to this program it horses and horse owners, its staff, participants, their families, and to my fellow volunteers. I agree to comply with all program rules, expectations, standards and policies. I will be a team-player and be a positive addition to the HorsePower organization on a daily basis.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Parent/Guardian Signature  
(if volunteer is less than 18yrs of age)

\_\_\_\_\_  
Today's Date



## HorsePower Therapeutic Riding

### Confidential: Volunteer Medical Information and Consent for Emergency Medical Treatment

Volunteer Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Complete Street Address \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Known Allergies \_\_\_\_\_ Able to walk (30-60min) and jog (1min) in sand? \_\_\_\_\_

Medications \_\_\_\_\_ Seizure Disorder? \_\_\_\_\_

Spinal or Orthopedic Conditions \_\_\_\_\_ Back or Neck Pain? \_\_\_\_\_

Emotional, Attentional, or Behavioral conditions? \_\_\_\_\_

Tetanus Shot (recommended) Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any special precautions, medical history, or anything we might need or want to know \_\_\_\_\_

If a medical emergency should occur while volunteering at HorsePower, please contact in order:

Name \_\_\_\_\_ All Phone No. \_\_\_\_\_

Name \_\_\_\_\_ All Phone No. \_\_\_\_\_

If an emergency occurs and medical aid/treatment is needed because of illness or injury, I authorize HorsePower to make arrangements for my medical treatment, including arranging transportation to a healthcare provider and grant permission to disclose the information contained in this Application to the healthcare provider. I acknowledge that individuals refusing emergency medical treatment cannot participate in the programs at HorsePower.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Parent/Guardian Signature  
(If volunteer is less than 18yrs of age)

\_\_\_\_\_  
Today's Date



## RELEASE OF LIABILITY REGARDING COVID & OTHER ILLNESSES

As a volunteer of HorsePower Therapeutic Riding, I recognize the inherent risks of injury from equine and/or animal assisted activities, or illness (including death) related to being in public places during the COVID-19 Pandemic, flu season, etc.

In exchange for being allowed to visit Honey Bridge Ranch and/or participating in HorsePower activities, I voluntarily agree to assume any and all risk of injury and illness, and further I voluntarily release Honey Bridge Ranch and HorsePower Therapeutic Riding, and each of their owners, instructors, volunteers, directors, boarders, employees, and agents from any and all claims, losses, costs, damages, or liability on account of any injury or illness I (or my child or ward) may sustain for any reason while on the premises of Honey Bridge Ranch or participating in HorsePower activities. I covenant not to sue and agree to hold harmless and indemnify Honey Bridge Ranch and HorsePower Therapeutic Riding, and each of their owners, instructors, volunteers, directors, boarders, employees and agents for any claim, loss, cost, damage, or liability relating to my presence at Honey Bridge Ranch and/or participation in HorsePower activities, including COVID-19 related illness or injury.

I have received HorsePower's Covid-19 Safety Plan and agree to follow all requirements. I will follow current CDC, Kane County Health Department and State of Illinois recommendations regarding mask wearing, social distancing, and quarantine (should I have an exposure or positive case). If my participation results in an exposure to others, I will report the exposure to the HorsePower Director. I will stay home if I have any covid symptoms. I will not bring others to the ranch who have not signed and sent (in advance) this release of liability.

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Signature of Volunteer

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Parent/Guardian Signature  
(if volunteer is less than 18yrs of age)

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Today's Date



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## **HorsePower Therapeutic Riding Confidentiality Policy and Non-Disclosure Agreement:**

HorsePower Therapeutic Riding (“HP”) has a legal responsibility and policy to safeguard the confidentiality and security of our students’ protected health information (“PHI”) as well as HP operational, proprietary, and student and employee information (collectively “HP Confidential Information”). This information may include, but is not limited to, student health records, as well as information regarding human resources, payroll, fiscal matters, research, and strategic planning, and may exist in any form, including paper, electronic, video, spoken, or written. This Agreement applies to all members of the HP organization, including but not limited to, Board Members, employees, volunteers, students, and other third parties, whether temporary or permanent, paid or not paid, visiting, or designated as affiliates or associates, who are employed by, contracted with, or under the direct control of HP. This Policy and Agreement also applies to all users who are granted access to HP technology resources and data sources (e.g., desktops, online data storage, laptops, tablets, mobile phones, printers, etc.), whether the user is affiliated with HP or not, and whether access to or use of the information systems occurs locally or from remote locations.

### **Agreement:**

I understand the Confidentiality Policy set forth above and hereby agree as follows:

- I will maintain student privacy and protect and safeguard the confidentiality and security of PHI and HP’s Confidential Information in accordance with Illinois and federal laws and HP policies and procedures.
- I will not disclose any PHI or HP Confidential Information to any individual or third party, except as specifically authorized by HP policies and procedures, and upon receiving a written authorization from the student (unless otherwise required by applicable law), and then only on a need-to-know basis.
- I will not use any PHI or HP Confidential Information in an inappropriate, unethical, detrimental or unauthorized manner.
- I will not discuss any information regarding HP or students in an area where unauthorized individuals may overhear such information, including waiting rooms, barn hallways, and other public areas. I understand that it is strictly prohibited to discuss any HP Confidential Information or PHI in public areas even if a student’s name is not used.
- I understand that I may access and/or use PHI, HP Confidential Information, Restricted Data and Sensitive Data (defined below) only as necessary to perform my HP-related duties and that I may disclose (i.e., share) PHI, HP Confidential Information, Restricted Data, and/or Sensitive Data only to authorized individuals with a need to know that information in connection with the performance of their HP functions or professional duties.

1. Restricted Data: Data in any format collected, developed, maintained, or managed by or on behalf of HP, or within the scope of HP’s activities, that are subject to specific protections under federal or state law or regulations or under applicable contracts (e.g., medical records, Social Security numbers, credit card numbers, driver license numbers, and export controlled data).





2. Sensitive Data: Data whose loss or unauthorized disclosure would impair the functions of HP, cause significant financial or reputational loss, or lead to likely legal liability (e.g., financial information, salary information, policies, research work in progress, and copyrighted or trademarked material).

- I understand that upon termination of my employment/affiliation/association with HP, I will immediately return or destroy, as appropriate, any PHI, HP Confidential Information, Restricted Data and Sensitive Data in my possession. I understand that my confidentiality obligations under this Agreement will continue after the termination of this Agreement and after termination of my employment, affiliation, or association with HP.
- I agree to immediately report any known or suspected violation of this Confidentiality Policy and Non-Disclosure Agreement, the confidentiality or security of PHI or HP Confidential Information, Restricted Data, or Sensitive Data to HP's Director or to the HP Board of Directors.
- I understand that violations of this Confidentiality Policy and Non-Disclosure Agreement may result in termination of my employment, affiliation, or association with HP, and that HP may seek any available civil or criminal recourse and/or equitable relief or remedy for violations.



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## HORSEPOWER SEXUAL ABUSE, MOLESTATION, AND MISCONDUCT PREVENTION POLICY

### A. **Prohibition on Sexual Abuse, Molestation, and Misconduct**

HorsePower prohibits and does not tolerate sexual abuse or misconduct during its lesson programs or any other organization-related activity. HorsePower provides procedures for students, employees, volunteers, board members or any other victims of sexual abuse or misconduct to report such acts. Those reasonably suspected or believed to have committed sexual abuse or misconduct will be appropriately disciplined, up to and including termination of employment or volunteer status, as well as criminally prosecuted.

B. **Definitions and Examples:** The following definitions or examples of sexual abuse, misconduct or harassment, may apply to any and/or all of the following persons—employees, students, volunteers, or other third-parties.

**Sexual abuse or misconduct may include, but is not limited to:**

- **Child sexual abuse:** Any sexual activity, involvement or attempt of sexual contact with a person who is a minor (under 18 years old) where consent is not or cannot be given.
- Sexual activity with another who is legally incompetent or otherwise unable to give consent.
- Physical assaults or violence, such as rape, sexual battery, abuse, molestation or any attempt to commit such acts.
- Unwanted and intentional physical conduct that is sexual in nature, such as touching, pinching, patting, brushing, massaging someone's neck or shoulders and/or pulling against another's body or clothes.
- Material such as pornographic or sexually explicit images, posters, calendars, or objects.
- Unwelcome and inappropriate sexual activities, advances, comments, innuendos, bullying, jokes, gestures, electronic communications or messages (e.g., email, text, social media, voicemail), exploitation, exposure, leering, stalking or invasion of sexual privacy.
- A sexually hostile environment characterized as comments or conduct that unreasonably interferes with one's work performance or ability to do the job or creates an intimidating, hostile or offense environment.
- Direct or implied threats that submission to sexual advances will be a condition of employment or affiliation with the organization.

C. **Reporting Procedure:** Immediately report suspected sexual abuse or misconduct by one of the following channels: (1) Barbara O'Neil, Executive Director; (2) Brian Kenyon, Board Chairman; or (3) any employed instructor. It is not required to directly confront the person who is the source of the report, question or complaint before notifying any of the individuals listed. HorsePower will take every reasonable measure to ensure that those named in complaint of misconduct, or are too closely associated with those involved in the complaint, will not be part of the investigative team.

D. **Anti-retaliation and False Allegations:** HorsePower prohibits retaliation made against any employee, volunteer, board member or other person who lodges a good faith complaint of sexual abuse or misconduct or who participates in any related investigation. Making knowingly false or malicious accusations of sexual abuse or misconduct can have serious consequences for those who are wrongly accused. HorsePower



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prohibits making false or malicious sexual misconduct allegations, as well as deliberately providing false information during an investigation. Anyone who violates this rule is subject to disciplinary action, up to and including termination of employment or membership and criminal prosecution.

- E. **Investigation and Follow-up:** HorsePower will take all allegations of sexual abuse or misconduct seriously and will promptly, thoroughly and equitably investigate whether misconduct has taken place. The organization may utilize an outside third-party to conduct an investigation of misconduct. HorsePower will cooperate fully with the any investigation conducted by law enforcement or other regulatory/protective services agencies. HorsePower will make every reasonable effort to keep the matters involved in the allegation as confidential as possible, while still allowing for a prompt and thorough investigation.
- F. **Reporting to Law Enforcement or Appropriate Child or Adult Protective Services:** HorsePower is committed to following the Illinois and federal legal requirements for reporting allegations or incidents of sexual abuse or misconduct to appropriate law enforcement and child or adult protective services organizations. It is the policy of HorsePower not to attempt to investigate or assess the validity or credibility of an allegation of sexual or physical abuse as a condition before reporting the allegation to proper law enforcement authorities or protective services organizations.
- G. **Employee and Worker Screening Selection:** As part of its sexual abuse and misconduct prevent program, HorsePower is committed to maintaining a diligent screening program for prospective and existing employees, volunteers and others that may have interaction with those employed by, associating with or services by HorsePower. The organization may utilize a variety of methods of screening and selection, including but not limited to applications, personnel interviews, criminal background checks and personal and professional references.
- H. **Supervision of Students and Minors:** To provide a safe environment for minors, HorsePower strives that a minimum of two adult workers supervise or be in attendance with students or minors during organization-related activities that occur in private areas. The purpose is to avoid one-on-one interactions between adults and students or minors that are not easily observable by others. If individual meetings with a student or a minor must be held in an office, keep the door open. Only conduct close door meetings when another adult is in the room the door remains unlocked. Parents or guardians should provide bathroom assistance to students, not volunteers or staff. This section is intended to apply to interactions with students and minors and should be the guidelines followed to the extent that they contradict with section I, which is intended to apply to the interactions between two adult, non-students.
- I. **Supervision of All Others:** As outlined in section A, HorsePower prohibits and does not tolerate sexual abuse, misconduct, or molestation as defined and explained in section B. To that end, HorsePower discourages any one-on-one activity between individuals in areas that are not easily observable by others. It is anticipated that one-on-one interactions between two adult workers or between one adult worker and one instructor in an area not easily observable by others is required for the operation of business activities. However, these interactions should be kept at a minimum and in an area that is easily observable to others whenever possible.