

FULL TIME VOLUNTEER APPLICATION

Please complete the following application if you are interested in **long-term (2+ months)** volunteering. We will be contacting you by the date you have provided below if your interests/skills match a need here at the ranch.

CONTACT INFORMATION

Date of application: ___/___/___

Name: _____

Email: _____

Address: _____

City: _____ State: ___ Zip: _____

Best number to reach you at: ___ - ___ - _____

DOB: ___/___/___

Please attach a picture of yourself here. You may include more pictures if you wish (or if you are emailing this application, attach picture in "jpeg" file format to your email).

SCHEDULE

Please complete the following section to the best of your knowledge. We understand that schedules change, please simply indicate when and how you would like to make yourself available.

I would like to serve the ranch weekly between ___/___/___ and ___/___/___. For a total of _____ months/weeks

Please check the days of the week you would like to volunteer. If you are able, include the approximate time you would be able to arrive and depart on the days you have listed.

- Monday: Start _____ am/pm Finish _____ am/pm
- Tuesday: Start _____ am/pm Finish _____ am/pm
- Wednesday: Start _____ am/pm Finish _____ am/pm
- Thursday: Start _____ am/pm Finish _____ am/pm
- Other: _____

Please also indicate the following:

- I need to know if I will be able to volunteer by ___/___/___
- I give permission to SJA to send my application to other Similar Ministries if I am not selected as a Full Time Volunteer.

AREAS OF INTEREST

Please check all that apply. Refer to our website for explanations of each volunteer opportunity.

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Greeter | <input type="checkbox"/> Artist | <input type="checkbox"/> Hay Team |
| <input type="checkbox"/> Mercantile | <input type="checkbox"/> Play Pal | <input type="checkbox"/> Professional Assistance |
| <input type="checkbox"/> Session Instructor | <input type="checkbox"/> Prayer Team | <input type="checkbox"/> Housekeeper |
| <input type="checkbox"/> Horse Handler | <input type="checkbox"/> Listener | <input type="checkbox"/> Office Assistant |
| <input type="checkbox"/> Power House | <input type="checkbox"/> Green Thumb | |
| | <input type="checkbox"/> Memory Maker | |

We are also open to your ideas. Please list and explain here:

SKILLS

★ As a volunteer, what do you feel your strengths are?

★ Of the skills you possess, which would you like to offer to the ranch?

OTHER QUESTIONS

★ How did you hear about SJA?

★ Why would you like to be a SJA volunteer?

★ What message would you like to convey, while volunteering, to children and families who utilize the ranch?

★ Tell us about yourself, if you'd like . . . interesting facts, outstanding talents, funny stories, favorite foods, hobbies, certifications, awards, achievements, etc.

Please complete this survey and send/email to:

Scatter Joy Acres
4966 Newport Ave.
Omaha, NE 68152 or
Joy@Scatterjoyacres.org

Thank you for your heart to share at SJA!!!

WAIVER OF LIABILITY & LEGAL RELEASE

for
MTJAVA/ Scatter Joy AcresInc
Antonio Moore & Joy Bartling

4966 Newport Avenue Omaha, NE 68152 (402) 709-9401

Date ____/____/2017
(Please Print Clearly)

I, _____, acknowledge and accept that the ranch, travelling ranch, horseback riding, pony rides and activities related thereto, involve the risk of personal injury. By my signature, (and in case of a minor, the parent or guardian's signature), they and I, hereby waive all rights, if any, claims, causes of action and lawsuits against MTJAVA/ Scatter Joy Acres, Antonio Moore, Joy Bartling, their family, heirs, executors, legal representatives, administrators, successors, assigns, guests, employees, or agents affiliated with any of them in any manner, for any injury, liability or damages which may occur while in contact with ranch activities, whether leased or owned by me or by any other person, or for any injury or damages which may occur while participating in any activity related to the ranch, travelling ranch, horseback riding, pony rides, etc. I agree to indemnify, defend and hold harmless MTJAVA/Scatter Joy Acres or any person or entity whose land is used for the travelling ranch, horseback riding, or pony rides, for any accident, injury, or loss that might occur, and free such persons from all liability for such injury or loss. I understand that animals, horseback riding, pony rides, etc. can always involve danger and I ride at my own risk. The Petting Zoo can have a situation of an animal possibly biting when giving treats or petting. The unpredictability of the animal's reaction to such things as sounds, sudden movement and unfamiliar objects, persons, or other animals. Certain hazards such as surface and sub-surface conditions; Collision with other animals or objects; The potential of the participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability. I agree to take full responsibility for myself, my child and the animal involved.

My signature below constitutes acceptance of the above terms and conditions. I have read and fully understand this liability release.

Medical Release Horse/Rider, Petting zoo or Ranch activities I further agree to allow and be financially responsible for any necessary emergency medical treatment by any available physician at any available medical institution in the event of my injury or illness.

I have read and understand this liability release. Date _____ / **17**

Print Name

Participant Signature /Parent Signature

1. _____
2. _____
3. _____
4. _____

1. _____
2. _____
3. _____
4. _____

(Signature of Guardian if Rider is a Minor)

Please continue on back if there are additional riders.

Street Address/city/state/zip code (Please print legibly)

Contact phone/cell numbers

Email address

In Case of Emergency Please Notify: _____ **Phone:** _____

Any Known Allergies or Medical Conditions? _____