

SCATTER JOY ACRES

PART TIME VOLUNTEER APPLICATION

Please complete the following application. It will be added to our list of potential part time volunteers. We will contact you within a month of receiving your application. NOTE: The information you provide may be used to conduct a background check before approval to volunteer will be given.

CONTACT INFORMATION

Date of application: ___/___/___
Name: _____
Email: _____
Address: _____
City: _____ State: ____ Zip: _____
Primary Phone: ____-____-____
Other Phone: ____-____-____
DOB: ___/___/___

If you would like, feel free to place a picture of yourself here (or add your picture as an attachment if you are emailing your survey).

SCHEDULE

Please complete the following section to the best of your knowledge. We understand that schedules change, simply indicate when and how you would like to make yourself available. You may select one or both of the following options.

- I would like to be "On Call." You can contact me when help is needed for major projects (i.e. hay, major shipping projects, ranch events, etc.).

Please list any days and times you are not available. If left blank, we will contact you every time we need extra help from our On Call team.

- I would like to serve the ranch on a regular basis.
o Weekly? Bi-monthly? Monthly? (Circle one)
o Available from ___/___/___ to ___/___/___

Please check the days of the week and indicate the times you would like to volunteer. Volunteers usually come one day per week and are here anytime between 1:00 pm and 5:30 pm each day.

- 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

Please also indicate the following:

I would like to volunteer with the following family members:

Name: _____ DOB: ____/____/____ Relation to applicant: _____

Special Considerations (if any): _____

Name: _____ DOB: ____/____/____ Relation to applicant: _____

Special Considerations (if any): _____

Name: _____ DOB: ____/____/____ Relation to applicant: _____

Special Considerations (if any): _____

Name: _____ DOB: ____/____/____ Relation to applicant: _____

Special Considerations (if any): _____

Name: _____ DOB: ____/____/____ Relation to applicant: _____

Special Considerations (if any): _____

My offer to volunteer expires ____/____/____ or No Expiration

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"/> Prayer Team | <input type="checkbox"/> Professional Assistance |
| <input type="checkbox"/> Mercantile | <input type="checkbox"/> Listener | <input type="checkbox"/> Housekeeper |
| <input type="checkbox"/> Ranch Hand | <input type="checkbox"/> Green Thumb | <input type="checkbox"/> Office Assistant |
| <input type="checkbox"/> Artist | <input type="checkbox"/> Memory Maker | <input type="checkbox"/> On Call |
| <input type="checkbox"/> Play Pal | <input type="checkbox"/> Hay Team | |

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

ABOUT YOU

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

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

★ 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 at the ranch?

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, hoseback 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? _____