

LOCAL GROUP VOLUNTEER APPLICATION

Please complete the following application to be added to our list of potential volunteer groups. We will contact you as soon as possible after of receiving your application to discuss current volunteer opportunities.

Name of Group: _____

Date of application: ___/___/___

LEADER'S CONTACT INFORMATION

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Please attach a picture of group leader (or add your picture as an attachment if you are emailing your survey). A picture of your group would be nice as well, but is not required.

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. Check all that apply.

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

Please list any days and times you are **not available**. If left blank, we will contact your group every time we need extra help:

-
- We would like to volunteer for a day at MTJAVA/SJA.
- o Date Range that you are available: _____ - _____
 - o Day(s) of the week (Mon-Thur) that works best for you: _____
 - o Time(s) that you are available (9am-6pm): _____

- We need _____ days/weeks/months/years (circle one) notice before we would be able to come and volunteer.

- Please begin contacting us about volunteer opportunities ___/___/___.

Please also indicate the following:

- We are interested in receiving information about how to support the cause from our hometown. (This does not include volunteering on-sight at MTJAVA/SJA.)
- Our availability to volunteer expires ___/___/___

*List the date you wish to no longer be contacted about volunteering or write "no expiration."

AREAS OF INTEREST

Please check all volunteer roles your group members may be interested in filling. Refer to our website for explanations of each volunteer opportunity. Depending on the time of year and current work load, volunteer opportunities will vary.

- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Energy Boosters | <input type="checkbox"/> Prayer Team | <input type="checkbox"/> Housekeeper |
| <input type="checkbox"/> Power House | <input type="checkbox"/> Green Thumb | <input type="checkbox"/> On Call |
| <input type="checkbox"/> Artist | <input type="checkbox"/> Memory Maker | |
| <input type="checkbox"/> Play Pal | <input type="checkbox"/> Hay Team | |

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

SKILLS

❖ What do you see as the strengths of your volunteer group?

❖ Of the skills your group has, which would you like to offer to the ranch?

OTHER QUESTIONS

❖ How did you hear about MTJAVA/SJA?

❖ List some reasons your group wants to volunteer at MTJAVA/SJA.

❖ Do you have any questions about MTJAVA/SJA?

❖ What is the age range and breakdown of your group? How many people will be coming to volunteer?

❖ If any volunteers in your group are under the age of 18, approximate what the adult to child ratio of your team would be. (We require 1 adult to 5 kids.)

❖ Do you have leaders within your group who can lead in various projects? If so, do any of them possess specific skills that they'd like to use here?

❖ Are there any special considerations for your group we should know about?

❖ Tell us about your group: What you're about, interesting facts, outstanding talents, funny stories, common hobbies, awards, achievements, etc.

**Thank you so much for your willingness to join us at MTJAVA/Scatter Joy Acres.
Every heart and hand that is offered is a blessing to us.**

Please complete this application and send/email to:

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

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? _____