



INTERNSHIP APPLICATION
RELIEF NURSERY, INC.

Interns make a difference at the Relief Nursery.

If you are interested in an internship, please fill out this application and return to the Volunteer Coordinator, Relief Nursery, 1720 West 25th Avenue, Eugene, OR 97405.

If you have any questions about the internship experience or specific requirements, please call the Volunteer Coordinator at 343-9706.

Name: _____

Mailing Address: _____

City: _____ Zip: _____

Permanent Address: _____

City: _____ Zip: _____

Home phone: _____ Work/Cell phone: _____

Email address: _____ Date of Birth: _____

School: _____ Year: _____ Program/Major: _____

Previous or current volunteer/intern experiences: _____

Previous or current employer and position: _____

Why are you interested in interning at the Relief Nursery? _____

What strengths do you bring to working with at-risk children between the ages of 0-6?

Do you speak Spanish or another language? ____ yes ____ no

Level: _____ (beginner, intermediate, bilingual)

Please give one personal and one professional reference we may contact, other than relatives. Please list someone who has seen you working with children, if possible.

1. Name: _____ Daytime Phone: _____

Relationship to you: _____

2. Name: _____ Daytime Phone: _____

Relationship to you: _____

Is there anything else you would like to tell us about yourself in order to help us find an appropriate internship placement for you?

Please check which internship positions you are interested:

_____ Classroom Assistant- Eugene Site: Mon.-Thurs. 9:30am-12:30pm, indicate availability

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday

_____ Bus Rider-Eugene Site: Mon-Thurs 8:00am-9:30am and/or 12:30-2:00pm, indicate availability

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday

_____ Classroom Assistant- Springfield Site: Mon.-Thurs. AM 9:00am-12:00pm, & Monday PM 12:30-3:30 indicate availability

_____ Monday AM _____ Monday PM _____ Tuesday _____ Wednesday _____ Thursday

_____ Bus Rider-Springfield Site: Tues & Thurs. 7:45am-9:00am and/or 12:00pm-1:00pm, indicate availability

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday

_____ Caring Place Assistant, 24th & Harris: Tue 2pm-5pm & Thurs 9am-12pm and 2pm-5pm, indicate availability

_____ Tuesday 2pm-5pm _____ Thursday 9am-12pm _____ Thursday 2pm-5pm

Can we put your name on a Substitute List to fill in for other volunteers in case of illness, vacation, absence, etc.?

yes no

In the event of an emergency, whom should we contact?

Name: _____

Phone number during the hours you will be interning: _____

Release and Hold Harmless

In consideration of my agreement to participate as a Relief Nursery volunteer, I, the undersigned, intending to be legally bound do hereby for myself, my heirs, executors, assigns, and administrators forever waive, release and discharge any and all rights and claims for damages and cause of suit or action, known or unknown, that I may have against the Relief Nursery, its officers, directors, employees, agents, and representatives, successors and assigns, from any and all injuries suffered by me or arising from my participation in this activity.

I am aware of the risks associated with this activity and agree that I will assume and pay my own medical and other expenses in the event of accident, illness, or injury suffered by me.

Date

Printed Name of Participant

Signature of Participant

Signature of Parent/Guardian if participant is under age 18
