



## Volunteer Service Application Relief Nursery, Inc.

**VOLUNTEERS** make a difference at the Relief Nursery.  
If you are interested in volunteering, please fill out this application and return to the  
Volunteer Coordinator, Relief Nursery, 1720 West 25<sup>th</sup> Ave, Eugene, OR 97405  
If you have any questions, please call 541-343-9706

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

E-Mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

If you are currently a student, what school are you attending? \_\_\_\_\_

Year in School \_\_\_\_\_ Area of Study \_\_\_\_\_

Will you be receiving credit for your volunteer hours? \_\_\_\_\_

Previous or current employer and position \_\_\_\_\_

Previous or current volunteer experience \_\_\_\_\_

Why are you interested in volunteering at the Relief Nursery? \_\_\_\_\_  
\_\_\_\_\_

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

Please list any hobbies, skills or interests that might be helpful in your volunteer work: \_\_\_\_\_  
\_\_\_\_\_

Do you speak any other languages? \_\_\_\_\_ Yes \_\_\_\_\_ No      What language? \_\_\_\_\_

Level: Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Bilingual \_\_\_\_\_

Please list two personal references we may contact, other than relatives. Please list at least one  
professional reference and/or someone who has seen you with children

1. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Is there anything else you would like to tell us in order to find and appropriate volunteer placement for you?

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Please check which volunteer positions you are interested in (complete job descriptions are available):

\_\_\_ Classroom Assistant- Eugene Site (Mon-Thurs 9:30am-1:30pm)

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday

\_\_\_ Bus Rider- Eugene Site (Mon-Thurs 7:45-9:30am and/or 12:30pm-2:00pm)

\_\_\_ Monday AM/PM \_\_\_ Tuesday AM/PM \_\_\_ Wednesday AM/PM \_\_\_ Thursday AM/PM

\_\_\_ Classroom Assistant- Springfield Site (Mon-Thurs 9:00am-12:00pm)

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday

\_\_\_ Bus Rider- Springfield Site (Mon-Thurs 7:45am-9:00am or 12:00pm-1:15pm)

\_\_\_ Monday AM/PM \_\_\_ Tuesday AM/PM \_\_\_ Wednesday AM/PM \_\_\_ Thursday AM/PM

\_\_\_ Childcare Assistant (Monday-Thursday 5:45pm-7:45pm)

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday

\_\_\_ Development Office, Public Relations, Marketing, Fundraising (weekday hours and some weekends)

\_\_\_ Front Desk Assistance (during regular business hours, M-Th 9am-5pm, F 8:30am-4:30am)

\_\_\_ Landscaping (schedule varies)

In an emergency, who should we contact?

Name: \_\_\_\_\_

Phone number during the hours you will be volunteering: \_\_\_\_\_

**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