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 25th 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?

_____

_____

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 herby 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