



## Volunteer & Intern Program Application

Relief Nursery, Inc.

In Eugene: 1720 West 25<sup>th</sup> Avenue

In Springfield: 850 South 42<sup>nd</sup> Street

**VOLUNTEERS** make a difference at Relief Nursery.  
If you are interested in volunteering, please fill out this application and return to:

Volunteer Coordinator, Relief Nursery, 1720 West 25<sup>th</sup> Ave, Eugene, OR 97405  
If you have any questions, please call 541-343-9706.

### Section I: Personal Information and School/Work History

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

Address \_\_\_\_\_

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

Preferred phone \_\_\_\_\_ Preferred Contact Method \_\_\_\_\_

E-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

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

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

Current employer and position \_\_\_\_\_

Please list previous volunteer experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Section II: Tell us about yourself

How did you find out about Relief Nursery? \_\_\_\_\_

\_\_\_\_\_

Why are you interested in volunteering or interning at Relief Nursery?

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What strengths and/or experience do you bring to working with at-risk children under age 5?

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

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Do you speak any other languages? \_\_\_\_\_ Yes \_\_\_\_\_ No Which languages? \_\_\_\_\_

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

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

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

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

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

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

What makes a volunteer experience satisfying for you?

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

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### Section III: Availability

We will make every effort to place you at your preferred location; however, this may not always be possible.

\_\_\_ I prefer the Eugene Site (1720 W. 25<sup>th</sup> Avenue)      \_\_\_ I prefer the Springfield Site (850 S. 42<sup>nd</sup> Street)

\_\_\_ I can volunteer at either location

\_\_\_ Classroom Assistant (Monday-Thursday 9:15 a.m.-12:15 p.m.), Respite Care (T,W,TH from 9am-12pm)  
\_\_\_ Tuesday    \_\_\_ Wednesday    \_\_\_ Thursday (Springfield)

\_\_\_ Bus Rider (mornings 7:45 a.m.-9:15 a.m.; afternoons 12:15 p.m.-2:00 p.m.)  
\_\_\_ Monday a.m.    \_\_\_ Tuesday a.m.    \_\_\_ Wednesday a.m.    \_\_\_ Thursday a.m.  
\_\_\_ Monday p.m.    \_\_\_ Tuesday p.m.    \_\_\_ Wednesday p.m.    \_\_\_ Thursday p.m.

\_\_\_ Childcare Assistant (Evening Shifts) *Days will vary according to classes scheduled*  
\_\_\_ Tuesday    \_\_\_ Wednesday    \_\_\_ Thursday

\_\_\_ Food For Lane County Pick-Up Volunteer      \_\_\_ Garden Volunteer

\_\_\_ Kitchen Assistant      \_\_\_ Donation Closet Organizer

\_\_\_ Development Office (includes events and fundraising)

### Section IV: Emergency Contact and Release

In an emergency, who should we contact?

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

Contact's 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.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Guardian *if participant is under age 18*

**Please read and sign the Statement of Confidentiality on the next page**

## Section V: Read and sign our Statement of Confidentiality

### STATEMENT OF CONFIDENTIALITY

Confidentiality is the preservation of privileged information concerning the client which is disclosed in a professional working relationship. Part of what you learn is necessary to provide services to the applicant or client; other information is shared within the development of a helping, trusting relationship. Therefore, most information gained about individual clients through an assignment is either confidential in terms of the law, and disclosure could make you legally liable, or could damage your relationship with the client and make it difficult to help the person.

All records dealing with specific clients (i.e. medical and educational diagnoses) must be treated as confidential. General information, policy statements or statistical material which is not identified with any individual or family is not classified as confidential.<sup>1</sup>

*As an authorized volunteer for the Relief Nursery programs, I may have access to privileged information and thus I am subject to the same code of ethics as Relief Nursery staff. I understand that it is my responsibility to:*

- *Protect the privacy of children or families about whom I may have confidential information;*
- *Not reveal confidential material to persons other than Relief Nursery staff;*
- *Not talk about children or families of the Relief Nursery to anyone other than Relief Nursery staff;*
- *Not talk about children or families of the Relief Nursery in places where others may overhear the conversation;*
- *Realize that not all information about children or families can be shared with me.*

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Printed Name of Participant

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Date

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Signature of Participant

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<sup>1</sup> 1Department of Human Resources Volunteer Program, 1995