



Volunteer Service Application

Pioneer Relief Nursery, Inc.

VOLUNTEERS make a difference at the Pioneer Relief Nursery.

If you are interested in volunteering, please fill out this application and return to 715 SE Court.

Name _____

Address _____

City _____ Zip _____

Home phone _____ Work phone _____

Email address _____ Date of Birth _____

If you are currently a student, what school are you attending? _____

Year in School _____ Area of Study _____

Previous or current employer and position _____

Previous or current volunteer experience _____

Why are you interested in volunteering at the Pioneer 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 another language? ____ Yes ____ No which language(s)? _____

Please list two personal references we may contact, other than relatives.

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 volunteer placement for you? _____

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

_____ Classroom Assistant- (Tues-Fri. 9-12pm, indicate availability)

_____ Tues _____ Wed _____ Thursday _____ Friday

_____ Respite Assistant

_____ Evening childcare (5:30pm-7pm)

_____ Office Assistance

_____ Fundraising

_____ Maintenance

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 Pioneer 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 Pioneer 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