



Volunteer Service Application

VOLUNTEERS make a difference at the Treasure Valley Children's Relief Nursery. If you are interested in volunteering, please complete this form and return to TVCRN, 780 S.E. 6th St., Ontario, Oregon 97914. If you have any questions, please email kathie_collins@tvcrn.org.

Applicant's Name (please print clearly): _____

Address: _____

City: _____ State/Zip: _____

Home phone: _____ Work phone: _____

Email address: _____ DOB: _____

If you are currently a student, 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 TVCRN? _____

Are you interested in helping with (check any that apply):

our therapeutic classroom "handyman" help office/clerical needs

What strengths would you bring to a volunteer position at TVCRN?

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

As a nonprofit, our daily tasks are many and varied. Are you willing/able to:

wash dishes? rake leaves or shovel snow? do light cleaning?
 help with technology needs? write notes? hand or machine sew?

Do you speak another language in addition to English? Yes No

If yes, what language(s): _____ Do you know ASL? Yes No

If yes to either, what level of fluency? Beginner Intermediate Fluent

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? _____

In an emergency, whom should we contact?

Name and their phone number during the hours you'll be volunteering:

Release and Hold Harmless

In consideration of my agreement to participate as a TVCRN 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 TVCRN, 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: _____

Signature of Volunteer Applicant: _____

Date: _____

Signature of Parent if Applicant is under age 18: _____