

Volunteer Application

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SEP



Last Name First Name M.I. Date of Birth

Mailing Address City State Zip Code

Email Address Cell Phone Home Phone

How do you prefer to be contacted? *(circle one)* Email Cell Phone

Do you have any special skills or interests you would like to share with us?



In case of EMERGENCY, whom should we contact?

Name Phone Relationship

Please list two personal REFERENCES we may contact:

Name Phone Relationship

Name Phone Relationship

Relevant Work or Volunteer Experience:

Organization	Role	Date Range

Volunteer Roles — Mark Those That Interest You!

Volunteers are integral to Pioneer Relief Nursery achieving its mission! We look forward to visiting with you.

- Classroom Volunteers:** Interact with children in therapeutic classes. Requires positive attitude, sense of humor, patience, and physical ability to interact with the children. Shifts are once per week during class times. If you want to volunteer in the classroom but are unable to commit to a regularly scheduled class, we are in need of substitute classroom volunteers too.
- Community Outreach/Events:** Become an official advocate; represent PRN at community events. Requires personable and approachable demeanor, ability to lift/carry/set up items. Help with our events or create your own! Requires interest and/or experience in fundraising and/or community outreach. Shifts vary.
- Board of Directors:** Elected Board Members govern the organization and contribute to its leadership and development. Requires leadership skills and ample time to dedicate. Meetings are once per month for two hours, not including separate committee meetings.
- Interns:** Unpaid internships are available within our therapeutic classes and development (fundraising/marketing) department. Requires interest in the relevant area, association with a college course of study, and dependability.
- Share Your Expertise:** What is your niche? Photography, marketing, gardening, or...? Contact us to explore how you can support the children and families we serve at Pioneer Relief Nursery.

In consideration of my agreement to participate as a PRN volunteer, I, the undersigned, intending to be legally bound do hereby for myself, my heirs, my 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 the 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

Signed Name

Date

PRN is an equal opportunity provider.
Questions? Call 541-215-1017 or email us at katel@pioneerreliefnursery.org
Return this form to katel@pioneerreliefnursery.org.