

DATE _____

Is this for a UO class? _____

MOSS STREET CHILDREN'S CENTER

1685 Moss Street, Eugene

Application for Volunteer Position

NAME _____ STUD. ID# _____

LOCAL ADDRESS _____ CITY _____ ZIP _____

PHONE _____ EMAIL _____
(IMPORTANT - this is how we will communicate with you)

HOME ADDRESS _____ CITY _____

STATE _____ ZIP _____

Estimated Graduation (month & year) _____

Do you receive Federal Work Study _____

Why would you like to volunteer at Moss Street? _____

Have you worked or volunteered at our center before? _____ If yes, what dates and classrooms?

Briefly describe your work experience relevant to child care– include both paid and unpaid experiences or attach resume. Please attach another page if you need more space.

Describe any special hobbies or skills that might be useful in our child care program: _____

Do you prefer to work with a particular age group? _____

(please, give yourself time to get from class to here or back to class, when giving us your availability.)

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

MSCC has mandatory staff meetings on most Tuesdays from 6-7pm. You are encouraged to attend the meetings.

Do you have a valid CPR card? Yes _____ No _____

Do you have a valid 1st Aid card? Yes _____ No _____

Do you have a valid Food Handler card? Yes _____ No _____

If No to any of the above certifications, you are encouraged to obtain them. Please ask MSCC office staff for more information.

Moss Street Children's Center

Volunteer Duties:

Assist the teachers in providing a quality, nurturing and developmental experience by: **(please initial that you understand the volunteer duties and expectations)**

- _____ Supervising and interacting with children, individually or in small groups.
- _____ You have received and read the volunteer manual.
- _____ Within the first week of volunteering you need to schedule a 10 minute meeting with the mentor teacher in your age group.
- _____ **You understand that All Volunteers must be in sight and sound of a teacher at all times.**
- _____ **You understand that volunteers are never a part of the classroom adult to child ratio.**
- _____ Assisting children in eating and naptime routines as well as in some curriculum activities.
- _____ Setting up materials for activities and helping children clean up afterwards.
- _____ Providing care, protection and appropriate redirection for the children.
- _____ Assisting in general maintenance of the center, including cleanup tasks.
- _____ Attend teacher aide meetings and training sessions (**attendance is highly encouraged, especially if you are hoping for a job here or are going into the ECE field**).
- _____ Maintain clear communication with the lead and assistant teachers.
- _____ Maintain confidentiality of information about individual children and families
- _____ Some bending and lifting will be required.

Age breakdown:	Chickadee-Littles	3mos-9mos
	Finch-Littles	9mos-15mos
	Robin-Littles	16mos-24mos
	Swallows-Middles	2yrs-3yrs
	Quail-Preschool	3yrs-4yrs
	Redwing-Preschool	4yrs-5yrs
	Jay-School Age	K-1 st Grade
	Mallard-School Age	2 nd -5 th Grade

I have read this list of responsibilities and understand the expectations of volunteers at Moss Street Children's Center.

Volunteer Signature: _____ Date: _____



Conditions of Volunteer Service Assumption of Risk / Release & Indemnification

Please send completed form to the Office of Risk Management:
riskmanagement@uoregon.edu Fax: 541-346-7008

As a volunteer providing service for the University of Oregon ("University"), this document highlights your assumption of risk and acknowledgment of the extent to which you may be covered by University insurance. Please read the following information carefully and sign below to acknowledge that you have assumed the risks associated with your volunteer activity.

Volunteer definition: A volunteer is a person appointed to perform official University duties as a public service without remuneration.* The University receives the primary benefit from the work performed by the volunteer. A University employee may not volunteer to perform duties listed in his or her job description.

By signing below, I am certifying the following:

1. I am offering my services for charitable, civic or humanitarian purposes;
2. I have not been promised nor do I expect to receive compensation for the services I am providing;
3. I am providing such services freely and without pressure or coercion from the University or any of its agents;
4. If I am a University employee, I certify that the services and duties that I provide to and perform for the University of Oregon in my capacity as an employee are different and distinct from the services and duties I am providing as a volunteer; and
5. *If I am paid a nominal fee or if I am reimbursed for any expenses that I incur, I understand that such payment is not tied to my productivity as a volunteer. [NOTE: amounts paid to volunteers must be less than 20% the amount that would be paid to an employee to perform the same duties.]

- I am currently employed by the University. Department: _____
- I am NOT employed by the University.

Tort Liability. You will be protected from civil liability for injuries or damage to the person or property of others, subject to the following general conditions:

1. You are working on a University task assigned by an authorized University supervisor;
2. You limit your actions to the duties assigned; and
3. You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with the intent to unlawfully inflict harm to other people or property.

The conditions and limits of this protection are as stated in the Oregon Tort Claims Act, ORS 30.260-300.

Motor Vehicle Liability. If you use a personally owned vehicle in the course of your duties, you must be a certified University driver. You are also required to have automobile liability insurance with at least the minimum statutory limits of liability, which will be your primary coverage for any property damage or bodily injury(s) incurred involving that vehicle.

Workers' Compensation Insurance. Workers' compensation insurance is not provided for Volunteers of the University.

Reporting. Any time you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you must inform _____ (name/title of department supervisor) and the Office of Risk Management, (541) 346-8316, within 24 hours.

Assigned Duties (Describe below or attach additional sheet. Forms cannot be accepted without this information.)
If duties include working with minors, a **background check** is required through **Human Resources**.

Total Volunteer Hours _____ Estimate total hours for this activity within this fiscal year (1 Jul - 30 Jun).
Complete a new form each year for volunteer service that continues into the next fiscal year, when volunteering for a different activity, or when duties change.

READ AND COMPLETE THE OTHER SIDE OF THIS DOCUMENT



Please Read Carefully

In consideration of being able to volunteer for the University and University providing liability coverage as detailed previously, I, for myself, my heirs, executors, administrators and assigns, **release and forever discharge the State of Oregon, Board of Trustees of the University of Oregon, University of Oregon and their respective officers, employees, members, agents, and volunteers (the "Released Parties")** from any and all demands or claims for damage or injury, from any cause of suit or action, known or unknown, that I may have against the Released Parties and from all liability under the Oregon Tort Claims Act, ORS 30.260-300, for any and all harm or damage to my health in any manner resulting from or arising out of my volunteer activities that is not caused by the negligence or intentional acts of Released Parties.

This release does not extend to or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260-300, to defense and indemnification from any demand, claim, suit or action brought against me, or liability I may be subject to, or arising out of my authorized volunteer activities.

I certify that there are no health-related reasons or problems that preclude or restrict my ability to volunteer for the University.

I understand that an emergency may develop which necessitates the administration of medical care. Therefore, in the event of injury or illness, I authorize the University to secure any appropriate treatment including the administration of an anesthetic and surgery. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University has no obligation to provide or seek out any medical treatment. I also authorize the University to contact the individual identified as an emergency contact in case of an emergency.

I declare that **I am eighteen years of age or older**,* that I have read this entire agreement and understand the above provisions and that I agree to be bound by them.

I understand that by signing this agreement I am releasing claims and giving up substantial rights, including my right to sue.

Volunteer Name (Please Print)		UO I.D. #	
Address		Telephone	
Signature		Date	

Supervisor Name and Dept. (Please Print)		Telephone	
Supervisor Signature		Date	

***IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, A PARENT OR GUARDIAN MUST SIGN BELOW.**

NAME OF PARENT OR GUARDIAN (please print legibly): _____

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name (please print legibly): _____

Emergency Contact Phone Number: _____

Relationship to Volunteer: _____

READ AND COMPLETE THE OTHER SIDE OF THIS DOCUMENT

**Moss Street Children's Center
Emergency Information**

Name:

Local Address:

Local Phone:

Email Address:

Assigned Classroom(s):

In Case of Emergency, please contact:

Alternate Contact:

My preferred doctor (name and phone number):

My Preferred dentist (name and phone number):

My preferred hospital is:

Signature

Date



UNIVERSITY OF OREGON

Consent to Release Student Job Reference Information

Full Name: _____

I, _____, hereby authorize the University of Oregon to release job reference information, including the dates of employment, job duties, and quality of my performance to any prospective employers who request the information for hiring purposes.

I understand that this information is considered a student record. Further, I understand that by signing this release, I am waiving my right to keep this information confidential from the above personnel under the Family Educational Rights and Privacy Act (FERPA).

I certify that my consent for the release of this information is entirely voluntary. I certify that I understand this consent to release can be revoked by me at any time in writing but will *not* be effective for materials already released under it.

Student Signature: _____ Date: _____

Signed release forms should be submitted to the supervisor or department that employed the student and retained in that office.