



The Teaching Research Institute Child Development Center  
**WOU Student Practicum and Volunteer Information Form**

Student Name \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

In case of an emergency please, contact

Name \_\_\_\_\_ Phone \_\_\_\_\_

Education Level:  Freshman  Sophomore  Junior  Senior Current Major \_\_\_\_\_

**Will you be using this volunteer experience for a class you are currently taking?**

(Persons who receive remuneration or class credit do not qualify for volunteer insurance coverage.)

Yes  No If yes, please explain the requirements you need/want to fulfill:

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**Will you be using this volunteer experience for hours used for a scholarship or grant?**

Yes  No If yes, how many hours are you planning to volunteer

**Please list experience or classes you have had in early childhood education.**

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**Do you currently hold any of the following? Please check all that apply. You might be asked for verification.**

- Current Food Handlers card Expiration Date: \_\_\_\_\_
- Current First Aid card Expiration Date: \_\_\_\_\_
- Current CPR card Expiration Date: \_\_\_\_\_

**Practicum/volunteer Job Description:**

- Maintain confidentiality concerning personal activities of children and staff.
- Assist and support the teaching staff in preparing and organizing materials for activities.
- Share housekeeping duties that maintain a safe and healthy environment as assigned.
- Assist with supervision.
- Help in supervising individual and small groups of children in an activity modeling appropriate behavior. Ex. Reading to children, participating in children's play in the house center.
- Follow example and directions of teachers.
- Other duties as assigned.

**Time Commitment:** We ask that volunteers commit to 1 and a half hour slots of time totaling 3 hours or more per week. This commitment allows both you and the children we serve to fully benefit from your experience.

**I have read and understood the above duties and conditions of volunteer service.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WESTERN OREGON UNIVERSITY  
VOLUNTEER AGREEMENT**

Volunteers wishing to participate in fulfilling Western's mission of service are covered by Volunteer Injury Coverage (VIC). All volunteers are subject to the following conditions:

**TORT LIABILITY**

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

- You are working on university assigned duties under the direction of a university supervisor;
- You limit your actions to the duties assigned;
- You perform your assigned duties in good faith without recklessness or intent to unlawfully inflict harm to others.

The conditions of tort liability protection are covered in the Oregon Tort Claims Act, ORS 30.260-300 and State Risk Management Policy Manual 125-7-202.

**VOLUNTEER INJURY COVERAGE - "ORDER OF COVERAGE"**

Volunteers are covered by a State Self-Insurance Coverage above their own medical insurance which covers injuries that occur while performing volunteer duties. Western will pay medical treatment bills, disability, and death and dismemberment subject to the limits described in Risk Management Policy 125-204. If you are injured in a private vehicle, the owner's insurance is responsible for your medical bills.

**MOTOR VEHICLE LIABILITY**

Personally owned vehicle insurance coverage is required when a private vehicle is used in the course of your duties. State Insurance will apply on a limited basis only after your primary limits have been used.

**REPORTING RESPONSIBILITIES**

If you are involved in an accident or have a liability exposure while performing assigned duties, you are to report this to your direct supervisor as soon as possible.

**PARTIAL WAIVER AND RELEASE OF RIGHTS  
UNDER THE OREGON TORT CLAIMS ACT ORS 30.260-300**

As an authorized state volunteer performing activities on behalf of Western Oregon University, I understand that the State of Oregon will provide limited medical and accidental death, dismemberment and disability coverage for me in the event I suffer injury due to an accident while performing volunteer duties. In exchange for the coverage, I, for myself, my heirs, executors, administrators and assigns, release and forever discharge the State of Oregon 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 State of Oregon, and or its officers, agents or employees, 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 State volunteer duties.

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, arising out of my authorized State volunteer activities.

In the event that I am injured while performing state volunteer activities, I will notify my agency supervisor and apply for injury coverage benefits.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Practicum/Volunteer Schedule Form

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

Term: \_\_\_\_\_

Year: 2010-2011

**Minimum Volunteer Hours** - We ask that volunteers commit to 1 and a half hour slots of time totaling 3 hours or more per week. This commitment allows both you and the children we serve to fully benefit from your experience.

Maximum number of hours you want to volunteer weekly: \_\_\_\_\_



### Times That I Am Available To Volunteer

☺ Please indicate the times you are **AVAILABLE** with a **X**.

☺ The Director will choose what hours work best for the Center based on your availability and will contact you by phone or email as to what your volunteer schedule will be and start date.

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30-8:00					
8:00-8:30					
8:30-9:00					
9:00-9:30					
9:30-10:00					
10:00-10:30					
10:30-11:00					
11:00-11:30					
11:30-12:00					
12:00-12:30					
12:30-1:00					
1:00-1:30					
1:30-2:00					
2:00-2:30					
2:30-3:00					
3:00-3:30					
3:30-4:00					
4:00-4:30					
4:30-5:00					
5:00-5:30					

**Commitment:**

Volunteers are viewed as a valuable resource to the Center. You will be extended the right to be given meaningful assignments, the right to be treated with respect, the right to effective supervision, the right to participate in the classroom activities and the right to be recognized for your work.

In return, volunteers shall agree to actively perform their duties as assigned by the paid staff to the best of their abilities, call the classroom when they are unable to attend at their scheduled time, maintain child confidentiality and to remain loyal to the values, goals and procedures of Teaching Research Child Development Center.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

<p><b>CENTER USE ONLY:</b></p> <p>Classroom: <input type="checkbox"/> Butterfly <input type="checkbox"/> Dragonfly</p> <p>Monday _____, Tuesday _____, Wednesday _____, Thursday _____, Friday _____,</p>	<p><b>VOLUNTEER SCHEDULE</b></p> <p>Start Date: _____</p>
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## TRCDC Volunteer Orientation Quiz

Directions: View the On-line Practicum/Volunteer Orientation found at <http://www.tr.wou.edu/train/cdc.htm> and complete this orientation quiz. This orientation is designed to help you learn about our philosophies, goals, procedures and techniques that will enable you to make the most out of your experience here at the Center. Please feel free to use additional paper if necessary.

1. List three of your volunteer responsibilities.
2. What are the first four tasks to complete upon your arrival?
3. What do you do if you are unable to attend?
4. Who do I direct my questions too. ?
5. If you see a child get hurt what is your responsibility?
6. How are visuals used in the classrooms?
7. List two indoor guidelines.
8. List three outdoor guidelines.
9. What role do you play during outside time?
10. You ask a child, "Please put the blocks away Suzy. .... Suzy, I asked you to put the blocks away.....The blocks need to be put away Suzy." Suzy, does not respond to your directions. Why is it not a good idea to repeat directions to a child?
11. When interacting with children it is important to be at their eye level and become involved in their play. How can you become involved and extend children's learning in this scenario? There are three children in the House Center. Two children are cooking some dinner and the other child is taking care of a baby.
12. Re-write the following direction to reflect "Guidelines for Giving Directions" Mike sees children tossing books around. He kneels down to their eye level and says "*Don't do that!*"
13. *What are B.I.G's and how do they benefit the child?*
14. This is the first year we have provided our orientation on-line. We would appreciate your feedback in regards to content, accessibility and ways we could improve it.