

Staff _____

Child # _____

Teacher _____

Center _____

FAMILY AND COMMUNITY VOLUNTEER APPLICATION

Family and Community members who have been convicted of Child Abuse or Neglect or are on any Sex Offender Registry may not volunteer in a Head Start classroom. Family and Community members who have been convicted of a felony involving harm, threatened harm or illegal drugs may not volunteer in a Head Start classroom. Family and Community members convicted of a misdemeanor involving harm, threatened harm or illegal drugs within the previous 5 years may not volunteer in a Head start classroom. If you may not volunteer in a Head Start classroom, we will give you other options or volunteer opportunities.

LAST Name:		FIRST Name:		Middle Initial:	
Maiden Name or Other Names Known By:					
Sex: <input type="checkbox"/> M <input type="checkbox"/> F		DOB:		Phone:	
Race: <input type="checkbox"/> White		<input type="checkbox"/> Black		<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> Other: _____			
Language(s) spoken or written: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Sign Language <input type="checkbox"/> Other: _____					
Address:			City:		State: Zip:
Location(s) you want to volunteer					
EMERGENCY CONTACT INFORMATION					
Emergency contact:			Phone:		
Relationship:		Allergies:		Hospital preferred:	
<p>I agree to allow Tri-County Head Starts Human Resources Department to complete a background check using the Internet Criminal History Access Tool (ICHAT) and Sex Offenders Registry (SOR).</p> <p>I agree to provide proof of COVID-19 vaccination or exemption status to Tri-County Head Starts Human Resources Department.</p> <p>I am aware that abuse and neglect of children is against the law. I have read and understand Tri-County Head Start's Protective Services Referral Policy (attached). I am aware that all staff and volunteers are required by law to immediately report suspected abuse and neglect to Children's Protective Services.</p>					
Volunteer's signature: _____			Date: _____		
Completed forms are submitted to the Human Resources Department located in Tri-County Head Starts Administration Office (HSO)					
<input type="checkbox"/> Approved		<input type="checkbox"/> Not Approved			
HR Staff Signature: _____			Date: _____		
Volunteer will be notified of approval status.					