

Child # _____

Staff Member Submitting Application: _____

Center/Classroom: _____

VOLUNTEER APPLICATION

Acknowledgement, Waiver and Background Check Release

1. **Assumption of Risk:** I acknowledge that volunteering with Flowers Early Learning Head Start is voluntary and may involve risks such as physical injury, emotional stress, and exposure to illnesses. Activities include interacting with children, educational tasks, and related duties.
2. **Volunteer Handbook:** I received a copy of the volunteer handbook, read it and had an opportunity to ask questions.
3. **Release of Liability:** I release and waive any claims against Flowers Early Learning Head Start and its affiliates for any injury, loss, or damage incurred while volunteering, including those caused by negligence.
4. **Indemnification:** I agree to hold Fowers Early Learning Head Start harmless from any liability, costs, or damages arising from my participation.
5. **Medical Treatment:** I consent to necessary medical treatment if injured and understand I am responsible for associated costs.
6. **Confidentiality:** I will respect and maintain the confidentiality of all children, families, and staff at Flowers Early Learning Head Start.
7. **Background Check Authorization:** I consent to a background check as a condition of Volunteering.
8. **Photographic Release:** I grant permission for the use of my images in promotional materials unless I opt out in writing.
9. **Compliance with Policies:** I agree to follow all program policies, including health, safety, and conduct guidelines.
10. **Child Abuse and Neglect:** I am aware abuse and neglect of children is against the law and have been informed of Flowers Early Learning Head Start's policy on child abuse and neglect. I know all staff and volunteers are required by law to immediately report suspected child abuse and neglect to Children's Protective Services.

Volunteer Signature: _____ **Date:** _____

Volunteer Information

First Name Middle Name Last Name Phone Number

Street Address City State Zip Email Address

Date of Birth Race/Ethnicity Gender

Name Any Child(ren) Enrolled in Our Program: _____

Emergency Contact Information

Full Name: _____ Relationship: _____

Phone Number (Mobile): _____ Preferred Hospital: _____

Human Resources Staff Only:

☐ Approved

☐ Not Approved

Staff Signature: _____ Date: _____