



VOLUNTEER APPLICATION

Quarter: _____
(You must be at least 18 years of age to volunteer)

SECTION I Volunteer Information

First Name: _____ Last Name: _____
Address: _____ City: _____ Zip: _____
Email Address: _____ Cell Phone: _____
Occupation: _____ If student, what school do you attend? Bronco ID _____

(Print name of school, if Cal Poly Pomona student give Bronco ID number)

EMERGENCY CONTACT INFORMATION:

Person's name: _____ Phone: _____
Relationship: _____

Person's name: _____ Phone: _____
Relationship: _____

SECTION II Health Information

T.B. CLEARANCE

Date T.B. Skin test given: _____ Date Read: _____
Chest X-Ray (Necessary if skin test positive) Film Date: _____
Impression: normal abnormal

Do you have any limitations that would prevent you from engaging in physical activities with young children? Yes No If yes, what activities can you do with children? _____

SECTION III Special Interest Information

What are your special talents, skills, and hobbies do you have that you can share with the children and the Children's Center?

How did you hear about our center?

Please check area of interest:
Classroom (ages 2-3) Classroom (ages 3-4) Classroom (ages 4-5)
Office

SECTION IV Schedule

SCHEDULE FOR VOLUNTEERING:
(Individuals may volunteer up to 16 hours per week)

Days of the week preferred? _____ Time of day preferred? _____

I understand I must complete the following process before being allowed to volunteer at the Children's Center.

Please Initial
_____ Complete Application _____ Negative TB test results or chest X-rays _____ Reference check
_____ Megan's Law _____ Volunteer orientation before working in the classrooms
_____ Sign the Release of Liability, Promise not to Sue, Assumption of Risks & Agreement to Pay Claims

Thank you for your interest in volunteering and for your cooperation.

Signature: _____ Date: _____



VOLUNTEER REFERENCE INSTRUCTIONS

Ensuring that the children are safe, nurtured and excited about learning is a top priority at the Children's Center. The teachers here have years of working experience in the field Early Care and Education and each have met and/or exceeded the educational requirements.

We are proud to be accredited through the National Association for the Education of Young Children (NAEYC), which symbolizes the mark of quality.

Since the children's safety is a top priority, we request at least 3 references from every person interested in volunteering at the Children's Center.

Applicants:

In space below name references; please provide 1 personal reference from people who are not your relatives and who have known you for more than 1 year. Also, please provide us with at least 2 references from either your professors or student advisors. A professional reference may be substituted for either a professor's reference or student advisor's reference.

1. Name _____ email/phone #: _____

Relationship: _____

2. Name _____ email/phone #: _____

Relationship: _____

3. Name _____ email/phone #: _____

Relationship: _____

VOLUNTEER NO PHOTO AGREEMENT

I, _____ agree not to take any photos or video of the
(Print First and Last Name)

children while volunteering/observing at the Children's Center without parental permission.

Office Use Only

Megan's Law Check: Staff Initial _____ Date: _____

Reference Check #1
Comments _____

Reference Check #2
Comments _____

Reference Check #3
Comments: _____

Reference Check: Staff Initial _____ Date: _____ Approved: ___Yes ___No