

**REQUIRED VOLUNTEER APPLICATION-Quality Early Childhood Programs**  **URGENT Attention**  
**Center Name:** \_\_\_\_\_ **Program Year:** \_\_\_\_\_ **Date of Application** \_\_\_\_\_ **Needed for Processing**

Please complete both sides of this application in ink. Acceptance will be determined by QECP Staff.

Birth Date (if a minor): \_\_\_\_\_

**Please Check ONE**

Gender:  Male  Female

I AM.....

**Volunteer Information:**

Name \_\_\_\_\_

**In Case of Emergency:**

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

Phone: h. \_\_\_\_\_

Contact Name \_\_\_\_\_

Related to EHS/HS Student

w. \_\_\_\_\_

Relationship to Volunteer \_\_\_\_\_

Community Volunteer  
Referred By: \_\_\_\_\_

c. \_\_\_\_\_

Phone \_\_\_\_\_

Child Care Provider

Address: \_\_\_\_\_

Former EHS/HS Parent

City/State: \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Zip: \_\_\_\_\_

Federal Policies require that all prospective volunteers SIGN a declaration prior to volunteering, which lists:

1. All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;
2. Convictions related to other forms of child abuse and/or neglect; and
3. All convictions of violent felonies.

The declaration may exclude:

- Any offense, other than an offense related to child abuse and/or child sexual abuse or violent felonies committed before the applicant's 18th birthday, which was adjudicated in a juvenile court or under a Youth Offender Law.
- Any conviction for which the record has been expunged under Federal or State Law.
- Any conviction set aside under the Federal Youth Corrections Act or similar State Authority.

**PLEASE PROVIDE YOUR SIGNATURE IN ONE APPROPRIATE CATEGORY:**

1. I **HAVE NOT** been arrested, charged and/or convicted of any of the above mentioned offenses.

2. I **HAVE** been arrested, charged, and/or convicted on an offense mentioned above.

(Please attach further information for staff review.

Note: an arrest does not automatically disqualify an applicant. Application will be reviewed further by staff.)

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

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

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

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

Volunteer Type:  Occasional **OR**  Regular: \_\_\_\_\_ (See Below)  
 (51% or more of annual operating hours of the center, OR I will provide the 1:10 adult-child ratio as a substitute.)

**REGULAR VOLUNTEERS Only:**

The following is required: TB Test, Criminal Records Check, Fingerprinting, and any other docs required by State Licensing.

Please initial that you understand these requirements. \_\_\_\_\_

**ALL VOLUNTEERS**

Please Note: If you have had close contact to active Tuberculosis, abnormal chest X-ray showing fibrotic lesions consistent with old, healed TB, have traveled where TB is prevalent, or are a person who serves individuals at high-risk (hospitals/prisons), you must have a TB test to volunteer at TCHS. If you need further clarification or have questions, please ask.

**Please check One:**

I am at risk for TB

I am NOT at risk for TB

**PLEASE COMPLETE BACK SIDE OF APPLICATION.**  
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Do you have any  physical restrictions OR  disabilities?  **NONE** Please Note: A Disability/Restriction does not disqualify an applicant.

- Specify the nature of the disability or restriction. (Please use additional paper if needed.)

- Accommodations required (Please use additional paper if needed):

### Confidentiality Agreement

Families and staff have the right to protection of personal information during and following their involvement in the program. Volunteers must follow the same confidentiality guidelines as staff. I understand I am not to share with anyone, other than QCEP Staff, any information about employees, volunteers, children or families, during or thereafter my volunteer time. I understand that disclosure of confidential information is the grounds for disciplinary action or removal. For further information see Administrative Directive B-9.

**PLEASE INITIAL \_\_\_\_\_**

I, \_\_\_\_\_ attest all information completed on this application is correct to the best of my knowledge. I understand if I have further questions, I can speak directly to a QCEP Employee at the center where I have applied, or by contacting the Central Office at 970-247-5960 and ask for the Family Involvement Specialist, x13. I also understand all volunteer applications are subject to approval.

\_\_\_\_\_  
Signature of Volunteer Completing Application

\_\_\_\_\_  
Date

**Student Volunteers:** Volunteers 10-17 years of age **MUST** have written parent/school (if volunteering during school hours) permission. Volunteers ages 10-13 must be accompanied by an adult.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent Phone

\_\_\_\_\_  
Name of School Attended by Student

\_\_\_\_\_  
Date

### STAFF USE ONLY

**Site Director Pre-Approval Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Offender List Checked by** \_\_\_\_\_ (Initial)

**Additional Comments:**

Volunteer Trained by:  Video

Hand Out

Staff orientation by \_\_\_\_\_

**CO OFFICE USE**– Volunteer Approved by Central Office  Yes  Yes w/Restrictions  No

Explain if No or with Restrictions: \_\_\_\_\_

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

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

Health Review  N/A  Clear \_\_\_\_\_  
(Health Specialist signature)

Data entry completed by \_\_\_\_\_