



# Parent / Community Volunteer Application

Child's name \_\_\_\_\_ Site \_\_\_\_\_ PY \_\_\_\_\_

**Thank you for your interest in volunteering with Head Start!** Questions about this form? Please refer to the Tri-County Head Start Volunteer Handbook or ask a staff member for clarification.

*Items in bold are required*

**First Name** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

Would you like to receive text messages/emails about volunteer opportunities?  Yes  No

**Emergency Contact Number:** \_\_\_\_\_

**Other names used in the past 7 years:** \_\_\_\_\_

**States lived in the past 7 years:** \_\_\_\_\_

**I am volunteering as (check one):**

- Current TCHS parent/guardian
- Former TCHS parent/guardian
- Agency or business
- Community member
- Student
- Other \_\_\_\_\_

**Do you have any physical limitations/restrictions that might affect your ability to perform certain types of work?**

Yes  No **If Yes, please explain:** \_\_\_\_\_  
\_\_\_\_\_

**IMMUNIZATIONS STATEMENT:**

As a volunteer at TCHS, I understand that I am exposed to children who may not be fully immunized and I understand that this could present a health risk to me as a volunteer. To the best of my knowledge, my immunizations are current and up to date. **Initial** \_\_\_\_\_

**IMPORTANT TUBERCULOSIS (TB) STATEMENT:**

If you have had close contact with active TB, abnormal chest X-ray showing fibrotic lesions consistent with old, healed TB, have traveled to where TB is prevalent, or are a person who serves individuals at high risk (hospitals or prisons), you must have a TB test. If you need further clarification or have questions, please contact us at (970) 247-5960.

**I am at risk for TB**  **I am NOT at risk for TB** **Initial** \_\_\_\_\_

**CRIMINAL BACKGROUND CHECK:**

All TCHS volunteers are subject to a criminal background check. TCHS obtains information through publicdata.com and nsopw.gov. 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.

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

**I HAVE** been arrested, charged, and/or convicted of an offense mentioned above. Please provide court documentation for further review. *NOTE: An arrest does not automatically disqualify an applicant.*

***I authorize and consent to TCHS to conduct a criminal background check as part of its volunteer screening process.***

Volunteer signature: \_\_\_\_\_ Date: \_\_\_\_\_

TCHS signature: \_\_\_\_\_ Date: \_\_\_\_\_