



Concerted Services, Inc.
 Child Development Services
 Community Volunteer Application Form

*Volunteer Name _____
Last First Middle Maiden Name

Address _____

City _____ State _____ Zip code _____

*Home Phone _____ *Work Phone _____

*Date Of Birth _____ *Social Security Number _____

*Sex _____ *Race _____ Primary Language _____

*Drivers License Number _____ State Issued _____

Contact in case of an Emergency _____
Name/Address

_____ Relationship
Phone Number

Employed Presently: Yes () No ()

Name of Present Employer _____

Job Title _____ Supervisor's Name _____

Hours you work _____ Length of Employment _____

List References: Name and phone no. (No relatives, please)

1. _____
2. _____
3. _____

Previous volunteer experience _____

Special skills / Abilities / Interests (such as typing, foreign language(s); artistic, writing or music ability, hobbies, etc.)

Special Certification (i.e. CPR, Medical etc.)

Are you completing requirements for an internship or student teaching by volunteering with us? _____

If so, institution requiring volunteer hours _____

(Please note: You must provide proof of general liability and worker's comp insurance coverage from the institution, also. Internship/student teaching may not begin until all requirements are met.)

* Items required for background checks

Community Volunteer Application
(Applicant's name: _____)

What days and times would you like to volunteer? _____

How often would you like to volunteer? ___occasionally ___weekly ___monthly

Volunteer Preferences

What are you interested in doing at Head Start?

- | | |
|---|--|
| <input type="checkbox"/> Working with children | <input type="checkbox"/> Tutoring parents in reading |
| <input type="checkbox"/> Clerical duties | <input type="checkbox"/> Assisting teachers with material preparations |
| <input type="checkbox"/> Assisting in the kitchen | <input type="checkbox"/> Repair work/maintenance |
| <input type="checkbox"/> Helping clean the center | <input type="checkbox"/> Translating Spanish |

Other: _____

Have you ever been convicted of a criminal offense (misdemeanor or felony)?

Yes Date of conviction: _____

No Nature of offense: _____

Name/Address of court: _____

Declaration for Child Development Services Volunteers:

Concerted Services, Inc. policies require that Child Development Services volunteers sign a declaration 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.

Bright From the Start Child Care Licensing Requirements (591-1-1.1-.31)

* Never have been shown by credible evidence, e.g. a court or jury, a department investigations or other reliable evidence to have abused, neglected or deprived a child or adult to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct.

Please provide your signature on the appropriate category below:

I have not been arrested, charged and/or convicted on one or more of the types of offenses listed above.

Applicant Signature

Date

I have been arrested, charged and/or convicted on one or more of the types of offenses listed above. If so, please attach information listing offense(s), the date(s) of arrest, charge and/or conviction, and other relevant information.

Applicant Signature

Date

IMPORTANT: Concerted Services, Inc. Child Development Services will take necessary steps to assure the confidentiality of this form.