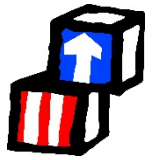


**Douglas Cherokee Head Start/Early Head Start
Volunteer Job Application**



Center: _____ Teacher: _____

This form is to be used for any person who applies to volunteer in a Douglas Cherokee Head Start/Early Head Start classroom (other than a Head Start parent, their child's application serves this purpose).

The information requested on this application is designed to help us get to know you and to aid in your placement in our program. All answers will remain confidential

Name: _____ Phone: _____

Address: _____ Are you over 16 years of age?
Yes _____ No _____

Person to contact in an emergency:

(1) _____
Name Phone Number

(2) _____
Name Phone Number

Work Experience: _____

Volunteer Experience: _____

Hobbies, Interests, Skills: _____

How did you hear about us? _____

I understand Douglas-Cherokee Economic Authority, Inc. does not discriminate on the basis of race, sex, religion, color, national or ethnic origin, genetic information, age, disability, or military service in its policies, or in the admission, participation, or employment in, its programs, services, or activities.

I understand I may have access to very private information about our clients or employees... Private information should only be discussed with others who "need to know" and should not be discussed among co-workers [or non-employees].

Signature

Date

Total time available per day: _____ per week: _____

Check times you can work:

Monday _____ until _____ Thursday _____ until _____

Tuesday _____ until _____ Friday _____ until _____

Wednesday _____ until _____ Other _____

Volunteers are required to sign in at the start of their day and out at the end of the day.

Have you had a physical in the last two years? Yes _____ No _____ Where there findings to limit your ability to immediately assist children in an emergency? Yes _____ No _____

If yes, please list restrictions (physical limitations, etc.) _____

As a Head Start Volunteer I understand I must disclose any conviction, guilty plea, or no contest plea to certain crimes, including those in a juvenile court, to any offense that would be excludable or if I have certain pending criminal or juvenile charges, or am indicated on any Abuse Perpetrator Registry, Vulnerable Persons Registry, or Sexual Offender Registry.

_____ I do not have any conviction or guilty or no contest pleas and am not indicated on any Abuse, Vulnerable Persons, or Sexual Offender Registry:

_____ I may have past or current convictions or pleas that could exclude me from working with children. I will need to complete a full criminal history disclosure:

Signature

Date