

KIDDING AROUND CHILD CARE CENTER

Volunteer Application Form

Thank you for your interest in volunteering! Please complete this application in full. All information will be kept confidential.

SECTION 1: PERSONAL INFORMATION

Full Legal Name: _____

Date of Birth: _____ Age: _____

Current Address: _____

City: _____ State: _____ Zip: _____

How long at this address? _____

SECTION 2: CONTACT INFORMATION

Primary Phone: _____ ☐ Cell ☐ Home ☐ Work

Alternate Phone: _____ ☐ Cell ☐ Home ☐ Work

Email Address: _____

Preferred Contact Method: ☐ Phone ☐ Text ☐ Email

SECTION 3: EMERGENCY CONTACT

Emergency Contact Name: _____

Relationship to You: _____

Phone Number: _____

Alternate Phone: _____

SECTION 4: AVAILABILITY

Please indicate your availability (check all that apply):

	Morning (7AM-12PM)	Afternoon (12PM-5PM)	Evening (5PM-11PM)
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Start Date Available: _____

Hours Per Week Available: _____

How long do you plan to volunteer? _____

SECTION 5: EXPERIENCE & QUALIFICATIONS

Do you have previous experience working with children? ☐ Yes ☐ No

If yes, please describe:

Do you have any relevant certifications? (Check all that apply)

☐ CPR Certified

☐ First Aid Certified

☐ Early Childhood Education

☐ CDA Credential

☐ Teaching Certificate

☐ Other: _____

What age group(s) are you most interested in working with?

☐ Infants (0-12 mo)

☐ Toddlers (1-2 yrs)

☐ Preschool (3-4 yrs)

☐ School Age (5+)

Why do you want to volunteer at Kidding Around Child Care Center?

SECTION 6: REFERENCES (Non-Family Members)

Please provide three (3) professional or personal references who can speak to your character and ability to work with children.

Reference #1

Name: _____ Relationship: _____

Phone: _____ Email: _____

Reference #2

Name: _____ Relationship: _____

Phone: _____ Email: _____

Reference #3

Name: _____ Relationship: _____

Phone: _____ Email: _____

SECTION 7: HEALTH INFORMATION

Do you have any physical limitations that would prevent you from performing volunteer duties (lifting children, sitting on floor, outdoor activities)? ☐ Yes ☐ No

If yes, please explain: _____

Do you have any allergies we should be aware of? ☐ Yes ☐ No

If yes, please list: _____

SECTION 8: BACKGROUND CHECK AUTHORIZATION

For the safety of the children in our care, all volunteers are required to undergo a background check before beginning service. By signing below, I authorize Kidding Around Child Care Center to conduct a criminal background check, including but not limited to: criminal history records, sex offender registry check, and child abuse registry check. I understand that any false statements or omissions may result in denial or termination of my volunteer position.

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, please explain (a conviction does not automatically disqualify you):

Driver's License / State ID #: _____

State Issued: _____ Expiration Date: _____

Social Security Number: _____ (for background check only)

SECTION 9: POLICIES & AGREEMENTS

By signing this application, I acknowledge and agree to the following: 1. **CONFIDENTIALITY:** I will maintain strict confidentiality regarding all children, families, and staff. I will not share personal information, photographs, or details outside of the center. 2. **SUPERVISION:** I understand that volunteers do not replace staff and will always work under staff supervision. I will never be alone with children. 3. **MANDATORY REPORTING:** I understand that I am a mandatory reporter of suspected child abuse or neglect and will immediately report any concerns to the Director. 4. **PROFESSIONAL CONDUCT:** I will conduct myself in a professional manner at all times, including appropriate dress, language, and behavior. I will follow all center policies and procedures. 5. **HEALTH & SAFETY:** I will not volunteer if I am experiencing illness, fever, or contagious conditions. I will follow all health and safety protocols established by the center. 6. **CELL PHONE POLICY:** I will not use my personal cell phone during volunteer hours except in designated areas during breaks. Photography of children is strictly prohibited. 7. **DISCIPLINE:** I will not administer any form of discipline to children. Guidance and redirection will be provided by staff members only. 8. **TERMINATION:** I understand that my volunteer position may be terminated at any time for any reason, including violation of policies, failure to meet expectations, or at the discretion of the Director.

SECTION 10: CERTIFICATION & SIGNATURE

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false statements or omissions may be cause for denial or termination of my volunteer position. I authorize Kidding Around Child Care Center to verify all information provided and to contact my references. I have read, understand, and agree to abide by all policies outlined above.

Volunteer Signature: _____ Date: _____

Print Name: _____

FOR OFFICE USE ONLY

Application Received:	_____	Received By:	_____
Background Check Completed:	_____	Result:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
References Verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Orientation Date:	_____
Start Date:	_____	Assigned Supervisor:	_____

Director Approval: _____ Date: _____