

# 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)

<input type="checkbox"/> CPR Certified	<input type="checkbox"/> First Aid Certified	<input type="checkbox"/> Early Childhood Education
<input type="checkbox"/> CDA Credential	<input type="checkbox"/> Teaching Certificate	<input type="checkbox"/> 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: \_\_\_\_\_