

The Children's Learning Center

Head Start, Pre-School, and Child Care 650 NE A Street, Madras, OR 97741 Phone (541) 475-3628 -- Fax (541) 475-2583

VOLUNTEER APPLICATION

Personal Information

Name	Date	
Mailing Address		
Physical Address		
Phone Number	Are you 18 your or older?Yes No	
Cell/Alternative Phone	Are you eligible to work in the US?YesNo	
Do you have any of the following?Criminal History Registry through CCDFirst	t Aid/CPRFood Handler's Card	
Are you bilingual?Yes No Language:		
Subjects of special study, certifications, and/or accredit	ations	
Special Skills		
Which areas would you be most interested in spending your volunteer time (classroom reading, field trips, art, office/clerical assistance)		
Volunteer Preferences		
Please list day(s) of week you would like to volunteer:		
Time of Day:MorningAfternoonEithe	r	
Which age group would you prefer? 0-3 vrs	3-5 vrs Both	

Criminal Background Check

Have you ever been convicted of any crime (Felony or Misdemeanor)?Yes No		
If yes, list any and all pending or priviolent felonies (include those occu-		to any form of child abuse or neglect and any
List any and all arrests or convictio	ns occurring after age 18 years of	age:
	er forms of child abuse and/or ne	to child sexual abuse and their disposition. eglect
felonies committed b a juvenile court or un 2. Any conviction for wh	efore the prospective employee's der a youth offender law. nich the record has been expunge	buse and/or child sexual abuse or violent s 18 th birthday, which was finally adjudicated in d under federal or state law. ctions act or similar state authority.
of the offenses listed, are not auto relevance of an arrest, charge or co	matically disqualified. Head Start onviction prior to volunteer assign	een arrested, charged with or convicted of any tagencies must review each case to assess the nment. the three types of offenses listed above.
Volunteer Signature	 Date	
*I have been arrested, charged and	d/or convicted of one or more of	the three types of offenses listed above.
Volunteer Signature	Date	
*Please list the offense(s), date(s)	or the arrest(s), charge(s) and/or	conviction(s) and other relevant information.
"I certify that the facts contained in	n this application are true and co	mplete to the best of my knowledge.
		nd check on prospective volunteers. I gencies required for this position."
Volunteer Name (PRINT)	Volunteer Signature	 Date