

Child's Name: \_\_\_\_\_ Unit: \_\_\_\_\_

## Volunteer Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

Type of Volunteer:  Parent  Community  Youth  Other

I am available to volunteer on what day(s) of week? \_\_\_\_\_  AM  PM

Areas I would like to volunteer:

- |   |   |
|---|---|
| <input type="checkbox"/> Classroom/Education    | <input type="checkbox"/> In-kind/Child follow-up activities |
| <input type="checkbox"/> Meal Prep/Food Service | <input type="checkbox"/> Policy Council Representative      |
| <input type="checkbox"/> Material Preparation   | <input type="checkbox"/> Maintenance/Construction           |
| <input type="checkbox"/> Field Trips            | <input type="checkbox"/> Other: Specify _____               |

Special skills, customs or traditions I wish to share with children at the center or PALS: \_\_\_\_\_

### **Home Base only:**

Home Visits: Best day and time for Home Visit?  Monday  Tuesday  Wednesday - Time: \_\_\_\_\_

PALS (Play and Learn Sessions): Best day I can attend:  Thursday or  Friday  AM or  PM

If unable to attend PALS, reason? \_\_\_\_\_

### **South Central Child Development, Inc. Standards of Conduct and Volunteer Confidentiality Agreement**

This is to certify that I, \_\_\_\_\_, as a volunteer with South Central Child Development, Inc. am aware of the Head Start Standards of Conduct, the rules of confidentiality and child abuse and neglect as outlined in the Parent/Volunteer Handbook of the Head Start Program.

I am aware that any information written, verbal or observed, regarding a child and/or family is considered to be confidential and is not to be shared outside this Agency or with other parents and volunteers.

**Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SCCD, Inc. Staff:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Head Start Teacher, FSW or Area Manager**