

**PRESCHOOL SERVICES DEPARTMENT
VOLUNTEER & COMMUNITY SERVICE
INTEREST FORM**

PARTICIPANT INFORMATION

NAME

DATE

ADDRESS

PHONE

I affirm that I am in good health and am physically and mentally capable of performing assigned tasks.

VOLUNTEER SIGNATURE

DATE

**THE FOLLOWING INFORMATION MUST BE SUBMITTED TO
THE VOLUNTEER COORDINATOR IMMEDIATELY**

_____ TB Clearance (Not more than one year prior to or seven days after initial presence in the center: CCL 101216g (3))

• **Assistance with obtaining TB Clearance:**

No Insurance **No Transportation**

• **Medical Insurance Carrier:** _____

• **TB Deadline Date:** _____

_____ Copy of Photo ID

_____ Copy of Meagan's Website Clearance (<http://www.familywatchdog.us>)

_____ Copy of **signed** Volunteer Information Checklist

_____ Days/hours volunteering (Volunteer hours must be 15 and under per week or Fingerprinting must be completed)

Fax information to Volunteer Coordinator at (909)383-2086

SITE SUPERVISOR SIGNATURE

SITE

VOLUNTEER COORDINATOR

DATE

(After information has been reviewed by Volunteer Coordinator it will be signed/ dated and confirmation sent back to site location)