



PRESCHOOL SERVICES DEPARTMENT

VOLUNTEER (NON-PAID STAFF) APPLICATION

****In order to process your volunteer application in a timely manner, please complete it thoroughly. Print, sign, date, and email as an attachment to the Preschool Services Department's Volunteer Coordinator.**

Parent Volunteer **Unpaid Intern** **Apprentice** **Class Observer**

Programs: *(Please select ONE only)*

Head Start **Early Head Start** **Early Head Start Child Care Partnership**

Date:

Name:

Assigned Site:

Home Address:

Home Phone Number:

Mobile Phone Number:

Gender:

Email Address:

Ethnicity: American Indian or Alaskan Native Asian Black/African American Native Hawaiian or Pacific Islander White Biracial/Multi-racial Other

Highest Education Level completed:

Emergency Contact Information:

Name:

Relationship:

Home Phone Number:

Mobile Phone Number:

For Office Use Only

Fingerprinting/Background Check/Family Watchdog Date:

TB Clearance Date:

Immunization Clearance Date:



PRESCHOOL SERVICES DEPARTMENT

VOLUNTEER (NON-PAID STAFF) APPLICATION (CONT.)

For Parent Volunteer Only

Site Name:

Site Supervisor Name:

Anticipated Start Date:

Number of Weekly Hours:

Volunteer Signature & Date: _____

Site Supervisor Signature & Date: _____

Volunteer Coordinator Signature & Date: _____

For Unpaid Intern Only

School Name:

Program/Major:

Site Name:

Site Supervisor Name:

Anticipated Start and End Dates:

Number of Weekly Hours:

Volunteer Signature & Date: _____

Volunteer Coordinator Signature & Date: _____

Program Manager Signature & Date: _____

For Apprentice Only

Apprentice Program: Center Clerk Center Custodian Food Service Worker Teacher Aide

Site Name:

Site Supervisor Name:

Anticipated Start and End Dates:

Number of Weekly Hours:

Apprentice Signature & Date: _____

Apprentice Coordinator Signature & Date: _____

Program Manager Signature & Date: _____



PRESCHOOL SERVICES DEPARTMENT

VOLUNTEER (NON-PAID STAFF) APPLICATION (CONT.)

For Classroom Observer Only

Site Name:

Supervisor Name:

Anticipated Start and End Dates:

Number of Weekly Hours:

Classroom Observer Signature & Date: _____

Volunteer Coordinator Signature & Date: _____

Site Supervisor Signature & Date (If applicable): _____



Preschool Services Department Volunteer Application Checklist

(To be used for Parent Volunteer, Unpaid Intern, Apprentice & Classroom Observer)

Please submit the following documents along with your volunteer application. Be sure to fill out the application thoroughly and do not include your social security number. Be sure to include your name and birthday on all immunization documents (all pages).

NOTE: *Your application will be deemed incomplete until all of the following documents are received.*

Required:

- Copy of a valid government issued photo ID (California Driver's License/California Identification Card)
- Proof of Tuberculosis clearance (must be within the last 12 months, chest x-ray must be within the last 4 years)
- Proof of Pertussis (TDAP) vaccination
- Proof of Measles (MMR) vaccination or a waiver if you were born on or before 1957
- Proof of annual Influenza vaccination (must be within the last 12 months) or a signed waiver

Optional:

- Statement Acknowledging Requirement to Report Child Abuse (*Note: Volunteers are not mandated by the California State law to report child abuse but are strongly encouraged to do so. Please see site supervisor or any PSD staff for assistance when needed.*)



Preschool Services Department Annual Influenza Declaration

I, _____, certify that I am declining the annual influenza vaccination.

Print Name and Employee ID# (if applicable)

[Click here to enter a date.](#)

Signature

Date



Preschool Services Department

Measles Declaration

I, _____, certify that I was born before 1957.

Print Name and Employee ID# (if applicable)

Signature

Date

STATEMENT ACKNOWLEDGING REQUIREMENT TO REPORT CHILD ABUSE

NOTE: RETAIN IN EMPLOYEE/LICENSEE FILE

NAME

Click here to enter text.

POSITION

FACILITY NUMBER

Click here to enter text.

California law **REQUIRES** certain persons to report known or suspected child abuse. As a licensee or an employee at a licensed facility or a child care institution, **YOU** are one of those persons - a "mandated reporter."

PERSONS WHO ARE REQUIRED TO REPORT ABUSE

Mandated reporters include a licensee, an administrator, or an employee of a licensed community care or child day care facility. [Penal Code ("PC") § 11165.7(a)(10)] Mandated reporters also include an employee of a child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities. [PC § 11165.7(a)(14)] No supervisor or administrator may impede or inhibit an individual's reporting duties or subject the mandated reporter to any sanction for making the report. [PC § 11166(h)]

WHEN REPORTING ABUSE IS REQUIRED

A mandated reporter, who in his or her professional capacity, or within the scope of his or her employment, has knowledge of or observes a person under the age of 18 years whom he or she knows or reasonably suspects has been the victim of child abuse or neglect must report the suspected incident. The reporter must contact a designated agency immediately or as soon as practically possible by telephone, and shall prepare and send a written report within 36 hours of receiving the information concerning the incident. [PC § 11166(a)]

ABUSE THAT MUST BE REPORTED

Physical injury inflicted by other than accidental means on a child. [PC § 11165.6]

Sexual abuse meaning sexual assault or sexual exploitation of a child. [PC § 11165.1]

Neglect meaning the negligent treatment, lack of treatment, or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. [PC § 11165.2]

Willful harming or injuring or endangering a child meaning a situation in which any person inflicts, or willfully causes or permits a child to suffer, unjustifiable physical pain or mental suffering, or causes or permits a child be placed in a situation in which the child or child's health is endangered. [PC § 11165.3]

Unlawful corporal punishment or injury willfully inflicted upon a child and resulting in a traumatic condition. [PC § 11165.4]

WHERE TO CALL IN AND SEND THE WRITTEN ABUSE REPORT

Reports of suspected child abuse or neglect must be made to any police department or sheriff's department (not including a school district police or security department), county probation department, if designated by the county to receive mandated reports, or the county welfare department. [PC § 11165.9] The written report must include the information described in Penal Code section 11167(a) and may be submitted on form SS 8572.

IMMUNITY AND CONFIDENTIALITY OF REPORTER AND OF ABUSE REPORTS

Persons legally mandated to report suspected child abuse have immunity from criminal or civil liability for reporting as required or authorized by law. [PC § 11172(a)] The identity of a mandated reporter is confidential and disclosed only among agencies receiving or investigating reports, and other designated agencies. [PC § 11167(d)(1)] Reports are confidential and may be disclosed only to specified persons and agencies. Any violation of confidentiality is a misdemeanor punishable by imprisonment, fine, or both. [PC § 11167.5(a)-(b)]

PENALTY FOR FAILURE TO REPORT ABUSE

A mandated reporter who fails to make a required report is guilty of a **misdemeanor** punishable by up to six months in jail, a fine of \$1000, or both. [PC § 11166(b)]

COPY OF THE LAW

Prior to my employment in a licensed community care or child day care facility, or child care institution, my employer provided me with a copy of Penal Code sections 11165.7, 11166, and 11167. [PC § 11166.5(a)]

ACKNOWLEDGMENT OF RESPONSIBILITY

I, [Click here to enter text.](#), have knowledge of my responsibility to report known or suspected child abuse in compliance with Penal Code section 11166. [PC § 11166.5(a)]

SIGNATURE

DATE [Click here to enter text.](#)