

VOLUNTEER/INTERN APPLICATION

Please Print In Ink or Type

If you are over 18 years of age, have you been fingerprinted in order to obtain a state and/ or federal criminal record clearance? Yes No. If yes, please attach a copy of the criminal record clearance if you would like to volunteer to work with children for more than 16 hours per week.

Have you had a tuberculosis (TB) clearance within the last 12 months?
Ves D No If yes, please attach a copy of the clearance. If no, you will need to submit one if you are approved to volunteer in the Head Start program.

First Name	Middle Name/Initial	Last Name	Date of Application
Street Address		Mobile Number	Home or Msg Number
City, State, Zip		E-mail Address	
Social Security #	CA Driver License	& Class or ID #	

GENERAL INFORMATION (Please answer all questions)

Are you a former or current parent of a child enrolled in the Ventura County Head Start Program? Yes No						
If yes, name of Ventura County Head Start center where child(ren) enrolled:Year Enrolled:						
Are you UNDER the age of 18? DYes DNo If you are UNDER 18, what is your age?						
Are you currently working? Yes No If yes name of employer						
Are you a student? Yes No If yes, name of school						
I can volunteer up to hours per week for a period of Deeks Donths						
I am available (check all that apply): I morning I afternoon Mon. ITues. Wed. IThurs. Fri.						
I can volunteer only in the following cities:						
Is there a specific CDR center or site where you would prefer to be placed? If yes, name of center or site:						
In what type of a position would you offer your best skills?						
List any other skills that you possess:						
In what languages are you fluent? English: Speak read write Spanish: Speak read write Other:						
Are there any accommodation requests that you would like us to consider?						

CERTIFICATION

□ I certify that I intend to volunteer my services to CDR, a non-profit agency, for public service and with a humanitarian objective, not as an employee, without contemplation of pay, and that I am in good physical and mental health.

L certify that I am a student over the age of 18 and that I am volunteering as a result of a course of study or curriculum requirement, and that I will not receive credit toward school fees.

□ I certify that I am a minor <u>under</u> the age of 18, that I am volunteering during school hours as a result of a school project OR for public service during non-school hours with my parent/legal guardian's consent attached, and without contemplation of pay.

□ I certify that I am applying to be considered as an **unpaid intern** for the purpose of gaining experience and developing my skills.

Signature

Denied

Date

THIS AREA FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Negative TB Clearance Required? Yes No	Criminal Record Clearance Required?	□ Yes	🗖 No
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Approved to volunteer or intern: In no more than 16 hours per week I over 16 hours per week

Supervisor/Mentor:

Site:

HR Represenative Signature

Check ONLY ONE of the following:

Date

CDR CRIMINAL RECORD DECLARATION MUST BE COMPLETED BY ALL APPLICANTS

NAME OF APPLICANT:

Please Print

All persons considered for employment or volunteer work with the Head Start Program or in any other program that requires frequent and routine contact with children will be required to undergo a state and federal criminal record clearance prior to employment or volunteering.

- I. Are you at least 18 years of age? Yes No If you are <u>UNDER 18</u>, what is your age?_____
- II. All employment and volunteer applicants must declare ANY and ALL of the following regardless of the state in which it occurred:
 - > All pending and prior criminal **arrests and charges** related to child abuse and their disposition.
 - > Convictions related to other forms of child abuse and/or neglect.
 - > Any and all violent felony convictions.
 - Any other <u>criminal convictions</u> for which the fine was <u>more than \$200.00</u> even if the conviction was a misdemeanor.

THE DECLARATION MAY EXCLUDE:

- Any misdemeanors committed <u>before</u> the prospective employee's 18th birthday, which was finally adjudicated in a juvenile court or under a youth offender law. (Except any offenses related to child abuse and/or child sexual abuse or felonies.)
- Traffic fines of \$200.00 or less.
- > Any conviction for which the record has been **expunged** under Federal or State Law.
- > Any conviction set aside under Federal Youth Corrections Act or similar State authority.

NOTE: Individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are <u>not</u> automatically disqualified from being considered, <u>except when applying for a position in a preschool setting</u>. Child Development Resources of Ventura County, Inc. must review each case to assess the relevance of an arrest, charge or conviction to a hiring decision as well as obtaining criminal record clearance.

A. I declare under penalty of perjury that **<u>I HAVE NOT BEEN</u>** arrested, charged, and/or convicted on any of the types of offenses listed above under section II.

SIGNATURE

DATE

B. I <u>HAVE BEEN</u> arrested, charged, and/or convicted on one or more of the types of offenses listed above under section IV. (*Please attach IN A SEALED ENVELOPE MARKED "CONFIDENTIAL" the information listing the offense(s), the date(s), the arrest(s), charge(s), and/or conviction(s), and other relevant information.)*

OR

SIGNATURE

DATE



Minor Volunteer Parent/Legal Guardian Consent

THIS CONSENT FORM MUST BE COMPLETED AND SIGNED BY THE PARENT OR LEGAL GUARDIAN BEFORE A MINOR MAY BE CONSIDERED TO VOLUNTEER HIS/HER SERVICES.

Name of Minor:			
Name of Minor:	First Name	Middle	Last Name
Address:		City	Zip
INDIVIDUAL(S) TO	O CONTACT IN EVENT C	F EMERGENCY:	
Name		Relationship	Phone Number
1			
2			
CONFIDENTIAL N	IEDICAL INFORMATION	I WANT ON FILE:	
		<u>CONSENT</u>	
			understand and consent to allow said n the volunteer application.
			ched or time does not permit, I as rgency medical treatment for my child.
Parent/Legal Guar	dian Signature of Consen	t Print	Name
Date Signed			

Work Phone:

_Cell: _____

Home Phone: _____