

Have you ever been charged or convicted with any child related crime? If so please explain.

Are you listed on any Sexual Offender Registry? ___ Yes ___No
If so what Registry?___ In what State?_____ In what County?_____

Have you been prohibited by any legal action from being in contact with children or being in the proximity of areas where children congregate? ___Yes ___No If yes, please explain.

I understand and hereby agree to hold all information obtained in the course of my volunteer work with Fulmont Head Start in the strictest confidence. My signature implies that I respect the privacy of the children, families, the program and the employees and will not inappropriately discuss or disclose any information regarding the children, families, the program and the employees which I may learn in my role as a volunteer.

References: Please list two persons not related to you who have definite knowledge of your qualifications and can attest to your character.

1. Name: _____
Address: _____
Phone: _____ Relationship: _____

2. Name: _____
Address: _____
Phone: _____ Relationship: _____

A) What interests do you wish to pursue or what do you hope to accomplish by serving as a Fulmont Head Start volunteer?

B) List volunteer, paid or educational experiences that relate to the volunteer positions you seek.

Activity:

Organizations:

C). List any skills, hobbies, interests or languages spoken that might be helpful in your volunteer work.

In case of emergency notify:

Name: _____

Address: _____

Phone Number: _____

A criminal background check will be done through the New York State Central Registry. We will also utilize any bonafide sources including but not limited to local, state police and websites in conjunction with Megan's Law to complete a background check.

I authorize contact of listed references and verification of all entries under volunteer history. I release all parties contacted from all liabilities arising from the provision of requested information. I understand that misrepresentation or omission of facts requested is cause of non-appointment or termination as a Fulmont Head Start volunteer. I agree to follow agency policies, procedures and code of conduct relevant to my volunteer position.

Date: _____

Signature: _____

Approval:

Date: _____

Signature: _____

On Site Program Supervisor

Welcome

On behalf of the staff at Fulmont Community Action Agency, Inc. Early Childhood Services I would like to welcome you to our facilities. Every Volunteer contributes to the success of our program and we hope that you will take pride in being a member of our team.

The enclosed policies, procedures and code of conduct were developed to ensure the health and safety of the children we serve and it is mandated that you follow each and every one of them. If you have any questions on any of these policies or procedures please feel free to speak with your site supervisor.

Once again, welcome and best wishes for an enjoyable and productive volunteer experience with our Early Childhood Services program.

Sincerely,

Marianne Suchocki
Early Childhood Services Director

Volunteer Sign off Form

I have received, read and understand the Fulmont Early Childhood Services Code of Conduct and policies and procedure manuals.

Print Name

Signature

Date