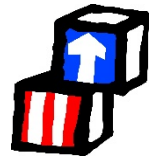


Douglas Cherokee Head Start/Early Head Start  
Volunteer Job Application



Center: \_\_\_\_\_ Teacher: \_\_\_\_\_

This form is to be used for any person who applies to volunteer in a Douglas Cherokee Head Start/Early Head Start classroom (other than a Head Start parent, their child's application serves this purpose).

The information requested on this application is designed to help us get to know you and to aid in your placement in our program. All answers will remain confidential

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

Address: \_\_\_\_\_ Are you over 16 years of age?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Person to contact in an emergency:

(1) \_\_\_\_\_  
Name Phone Number

(2) \_\_\_\_\_  
Name Phone Number

Work Experience: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Hobbies, Interests, Skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I understand Douglas-Cherokee Economic Authority, Inc. does not discriminate on the basis of race, sex, religion, color, national or ethnic origin, genetic information, age, disability, or military service in its policies, or in the admission, participation, or employment in, its programs, services, or activities.

I understand I may have access to very private information about our clients or employees... Private information should only be discussed with others who "need to know" and should not be discussed among co-workers [or non-employees].

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Student Volunteers Only - your signature above also affirms the following:  
***I am currently a member of the STEA and have liability insurance.***

Total time available per day: \_\_\_\_\_ per week: \_\_\_\_\_

**Check times you can work:**

Monday \_\_\_\_\_ until \_\_\_\_\_

Thursday \_\_\_\_\_ until \_\_\_\_\_

Tuesday \_\_\_\_\_ until \_\_\_\_\_

Friday \_\_\_\_\_ until \_\_\_\_\_

Wednesday \_\_\_\_\_ until \_\_\_\_\_

Other \_\_\_\_\_

**References (must list three):**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

\_\_\_\_\_

Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

\_\_\_\_\_

Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

\_\_\_\_\_

Years Acquainted \_\_\_\_\_

Have you had a physical in the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_ Where there findings to limit your ability to immediately assist children in an emergency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list restrictions (physical limitations, etc.) \_\_\_\_\_

As a Head Start Volunteer I understand I must disclose any conviction, guilty plea, or no contest plea to certain crimes, including those in a juvenile court, to any offense that would be excludable or if I have certain pending criminal or juvenile charges, or am indicated on any Abuse Perpetrator Registry, Vulnerable Persons Registry, or Sexual Offender Registry.

\_\_\_\_\_ I do not have any conviction or guilty or no contest pleas and am not indicated on any Abuse, Vulnerable Persons, or Sexual Offender Registry:

\_\_\_\_\_ I may have past or current convictions or pleas that could exclude me from working with children. I will need to complete a full criminal history disclosure:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date