



Dear Volunteer:

Thank you for your interest in volunteer opportunities at the SIUE Early Childhood Center. Federal and state licensing requires that any volunteer who works directly with children must have the following forms on file:

- * DCFS 508-1 (Information on Person Employed In A Child Care Facility)
- * DCFS 718-B (Authorization for Background Check)
- * CFS 602 (Medical Report On An Adult In A Child Care Facility), with TB Test
- * Signed copy of the SIUE Confidentiality Policy
- * Three letters of reference
- * Acknowledgment of Understanding Concerning Prohibition of Corporal Punishment
- * Acknowledgment of Mandated Reporter Status

This packet contains copies of each of these forms. Please return the forms, when completed, to the individual who originally gave you the packet.

Following are a few points of clarification about the forms:

1. Fill in the Authorization for Background Check form (DCFS 508-1) completely, paying particular attention to past addresses and social security number, and be sure to sign. ECC personnel will fill out the section on facility address and the facility license number. Make a copy of this form to turn in with your volunteer packet. The original will need to be presented at the time of fingerprinting. Each Volunteer must be fingerprinted prior to their first day of volunteering. Please visit www.accuratebiometrics.com for fingerprinting locations.
2. A physical, including a Mantoux Tuberculosis test, is required when initially starting to volunteer, and must be updated every two years.
3. References must be from someone other than a relative. For your convenience, we have supplied reference forms for you. If they would prefer, those writing references for you may use their own format.
4. The purpose of the Acknowledgment of Understanding Concerning Prohibition of Corporal Punishment is to insure volunteers know our policy against corporal punishment. Volunteers need to sign one of the "Licensee" lines.

Again, thank you for volunteering with our program. I hope it will be a valuable experience for both you and the children. Please let me know if I can be of service.

Sincerely,

Rebecca Dabbs MacLean

Rebecca Dabbs MacLean
Director



Date: _____

Name of Volunteer: _____

Address of Volunteer: _____

The above individual has applied to serve as a volunteer for the SIUE Early Childhood Center. It will be helpful to receive the following information about the applicant.

How long have you known the applicant? _____

In your opinion, would this individual be a responsible and reliable volunteer for the SIUE Early Childhood Center? _____

Are you aware of any physical or other conditions that might be considered sources of potential difficulty? _____

Do you know of any reason why this person should not volunteer around children? Y N
If yes, please explain _____

Any other comments or information you think might be helpful will be greatly appreciated.

Thank you for your assistance.

(Signature)

(Position/relationship to applicant. May NOT be a relative)

(Address)

(City) (State) (Zip) (Phone)



Volunteer Services Reference Form

Date: _____

Name of Volunteer: _____

Address of Volunteer: _____

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Volunteer Services Reference Form

Date: _____

Name of Volunteer: _____

Address of Volunteer: _____

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(Address)

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CONFIDENTIALITY POLICY (For Volunteers)

As a volunteer, I am a valuable part of the Early Childhood Center team. I understand that the Early Childhood Center policy on confidentiality also applies to me.

In order to insure that the rights of privacy for all Early Childhood Center families are protected, I agree to the following:

- 1) Access to the ECC families records is limited to staff.
- 2) Conversations among staff and parents are private and shall remain so.
- 3) Anything seen or heard at ECC remains at ECC.
- 4) I dedicate myself to maintaining high standards, safeguarding confidentiality and performing to the best of my ability.

I have read and understand the above policy and agree to abide by it.

Signature

Date



VOLUNTEER APPLICATION FORM

Name _____
Last First MI

Address _____
Street City State Zip

Home Phone: (____) _____ Work Phone: (____) _____ Other:(____) _____

How did you hear about the Early Childhood Center? _____

Do you have a child enrolled in the Center? [] Yes [] No

Do you speak a language other than English? Please specify: _____

Age level you prefer to volunteer with: (Please circle) Young Pre-K (2-3) Pre-K (3-5)

Days/Times you would be available to volunteer: M: _____ T: _____ W: _____ TH: _____ F: _____

There are several ways volunteers can spend their time at the Center. Please check those you would be most interested in doing at/for the Center.

- _____ Read stories to the children
- _____ Teach songs, demonstrate musical instruments, or some other musical activity, including dancing
- _____ Art activities
- _____ Play games or come and play with the children
- _____ Show children how to use simple carpenter tools
- _____ Share your hobby
- _____ Share clothing and activities from another country
- _____ Demonstrate crafts such as rug weaving, leather tooling, basket weaving, knitting, crocheting, etc...
- _____ Teach the children something about your occupation
- _____ Do simple science experiments

Other:

The following are tasks that can be done at home if you are willing and do not have time during the day to volunteer at the Center.

- _____ Volunteer my time doing activities at home, cutting, pasting, matting pictures, etc.
- _____ Make or repair toys or equipment
- _____ Help with annual fund raisers
- _____ Cut, sort, and organize Campbell Soup labels/Box Tops at home
- _____ Donate or make dramatic play clothes or doll clothes

Other: