

VOLUNTEER STATEMENT

Name	Volunteer Date
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I (check one) **DO** **DO NOT** have any criminal convictions (to include deferred judgments, even if discharged) of any law in any state.

(If “**DO**” is checked, briefly explain the circumstances.)

I (check one) **DO** **DO NOT** have any founded or confirmed reports of child or adult abuse or neglect in any state.

(If “**DO**” is checked, briefly explain the circumstances.)

I (check one) **DO** **DO NOT** have any communicable diseases or health concerns that would pose a threat to the health, safety, or well-being of the children or staff.

(If “**DO**” is checked, briefly explain the circumstances.)

I (check one) **HAVE** **HAVE NOT** been informed that site staff are Mandatory Reporters and of my responsibilities to report to staff any concerns regarding possible child abuse.

I (check one) **AM** **AM NOT** under the influence of alcohol, illegal drugs, prescription or nonprescription drugs that could impair my abilities.

I acknowledge (check one) **YES** **NO**, that information learned at the site while volunteering is considered and must be kept confidential, such as, participant information/files, employee files, medical records, drug and alcohol testing, child abuse reports, etc.

Signature of Volunteer: _____ Date: _____

Signature of Head Start Staff: _____ Date: _____

A volunteer should never be left alone with children or be part of the staff ratio.