

Economic Opportunities Council of Indian River County, Inc./Head Start

Application to Volunteer

2455 St. Lucie Avenue / P.O. Box 2766 / Vero Beach, Florida 32961

Phone (772) 562-4177 / Fax (772) 794-7597

We are delighted to process this application to volunteer with the Economic Opportunities Council. Please complete this application accurately and completely. Be aware that a check of the FDLE Sexual Predator web site will be performed. We do this to comply with state law and to maximize the safety of our students. You may submit this application to the center of your choice for processing. If working directly with Head Start students, you must fill out a new application each year. Please attach a copy of your driver's license. Thank you for offering your time, talents and skills to enhance the education of our students.

Please Type or Print Preferred Center: _____

Social Security _____ Female ___ Male ___ Date of Birth _____ Month/Day/Year

Name _____ Last _____ First _____ MI _____

Mailing Address _____ Street _____ City _____ State _____ Zip _____

Phone _____ / _____ / _____ Email _____ Home Cell Work

Indicate your age group: (Please circle) Under 21 21 to 60 60+

Occupation _____ Employer _____

Emergency Contact: _____ Phone: _____

Race: (Please circle) White Non-Hispanic Black Non-Hispanic White Hispanic Black Hispanic Asian Multiracial Native American

I am interested in the following volunteer placements: (Please circle)

- Substitute Teacher Substitute Bus Driver Bus Monitor Field Trip Chaperone Events Fundraising Classroom Clerical/Office Foster Grandparent Cooking/Kitchen Help Telephone Calls Reading to Children Translating Maintenance Gardening Photographer Extended Day Worker Other _____

I am available: (Please circle) Monday - Tuesday - Wednesday - Thursday - Friday - (Times: _____)

Do you have children attending Head Start? YES or NO

Relationship to child: (Please circle) Mother Father Grandparent Other _____

Child(ren) Name(s) _____

Teacher(s): _____ Center(s): _____

Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), entered into a deferred prosecution or pre-trial intervention agreement, or had adjudication withheld in a criminal offense other than a minor traffic violation (DUI is not a minor traffic violation.) Are there any criminal charges now pending against you? Sealed or expunged records must be reported pursuant to S.943.055F.S.

PLEASE CHECK ONE: YES ___ NO ___ A'NO' check means "NO" to every statement above Where Arrested _____ Date(s) _____ Nature of Charges(s) _____ Disposition: _____

If YES, Director's approval will be required ___ Approved ___ Not Approved, Head Start Director _____

By signing, I agree to abide by the policies and/or procedures of the Economic Opportunities Council of Indian River County Volunteer Program, and of the individual center in which I serve. I understand that the program reserves the right not to place me or to discontinue the use of my services as a volunteer.

VOLUNTEER APPLICANT SIGNATURE: _____ Date: _____

OFFICIAL USE ONLY: Volunteer ID#: _____ Date Entered: _____ Law Enforcement Background Check: Date: _____ Confirmed by: _____ Orientation Date: _____ Placement: _____ Supervising Teacher: _____



ECONOMIC OPPORTUNITIES COUNCIL
OF INDIAN RIVER COUNTY
2455 St. Lucie Avenue
Vero Beach, FL 32960
(772) 562-4177
www.eocofirc.net



VOLUNTEER CODE OF CONDUCT

As a volunteer, I agree to abide by the following code of conduct:

1. I will complete and submit a new Volunteer Application. I will do this each year if working directly with Head Start children.
2. Immediately upon arrival, I will sign in at the office (Lead classroom at school based sites).
3. I will wear a volunteer name badge at all times while on campus.
4. I agree never to be alone with individual students who are not under the supervision of teachers or Head Start employees.
5. I will maintain confidentiality of all school or classroom information.
6. I will share with teachers and/or Head Start administrators any concerns that I may have related to student welfare or safety.
7. I will not supervise a class in the absence of a teaching staff.
8. I will not discipline students.
9. I will not establish or make decisions about instructional objectives.
10. I will abide by the Economic Opportunities Council Policy, "Transporting Students by Private Vehicles," when transporting students.
11. As a role model for the students, I will dress and act appropriately.
12. I agree only to do what is in the best interest of every child with whom I come into contact.

I agree to follow the Volunteer Code of Conduct at all times or risk being dismissed from my volunteer placement

Date: _____ **Signature:** _____

Printed Name: _____



VOLUNTEER ACKNOWLEDGMENT

I attest my name is _____ and
(print volunteer/foster grandparent name)

serve in the child care program known as _____
(print name of child care program)

I serve as a (check one)

- Volunteer – As a volunteer, I do not receive any form of payment or compensation such as money, free or reduced child care, or any other type of compensation for my time. I also understand that as a volunteer, I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. If I volunteer 10 hours or more per month, or receive some form of compensation, I understand that I must submit background screening information in accordance with section 402.3055, Florida Statutes, and complete the state mandated training requirements.

- Foster Grandparent – As a foster grandparent, I adhere to all of the Foster Grandparent Program Guidelines pursuant to Title 45, Public Welfare, Code of Federal Regulations, section 2552.75. I also understand I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children and complete training as outlined in the rule 65C-22.003(1)(l), rule 65C-22.008(4)(a)7, or rule 65C-20.009(1)(a) Florida Administrative Code

I attest that I have read and that I understand the foregoing.

Volunteer/Foster Grandparent Signature

Date

To Be Completed by the Owner/Operator/Director

I attest my name is _____, and I
(print owner/operator/director name)

am the owner/operator/director of the child care program identified above. The above
(circle one)

individual serves, under the above definition, as a volunteer/foster grandparent in this child care program.

I attest that I have read and that I understand the foregoing.

Owner /Operator /Director Signature

Date