

# EARLY CHILDHOOD VOLUNTEER INFORMATION

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

Lincoln Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

I am a student from \_\_\_\_\_ (school, college name)

The course I am taking and needing volunteer time for is: \_\_\_\_\_

My instructor's name is: \_\_\_\_\_ Phone: \_\_\_\_\_

I am a volunteer from the community. My volunteer organization is: \_\_\_\_\_

I am an Early Childhood parent volunteer from \_\_\_\_\_ Early Childhood center.

Date of most recent TB Test: \_\_\_\_\_

Results: \_\_\_\_\_

## EARLY CHILDHOOD VOLUNTEER AGREEMENT

As an Early Childhood volunteer, I will assist the Family Educator in helping to create positive learning experiences for children. I will sign in at the school office. If I am unable to volunteer at my scheduled time, I will call the Family Educator and reschedule my visit if needed.

**NAME OF FAMILY EDUCATOR:** \_\_\_\_\_

**NAME OF HOME VISITOR:** \_\_\_\_\_

*I have:*

1. *Received a copy of the Early Childhood Volunteer Handbook.*
2. *Signed the Employee and Volunteer Confidentiality Statement.*
3. *Completed the Nebraska Child Abuse/neglect and Nebraska Adult Protective Services Central Registry Release of Information,*
4. *Reviewed my basic role while volunteering in the center with an Early Childhood staff person.*

I will volunteer at (location) \_\_\_\_\_ on (day of the week) \_\_\_\_\_ from \_\_\_\_\_  
am/pm to \_\_\_\_\_ am/pm. Starting on \_\_\_\_\_ (date) and ending on  
\_\_\_\_\_ (date).

\_\_\_\_\_  
Signature of Volunteer Date

\_\_\_\_\_  
Signature of Volunteer Specialist Date