

**JumpStart Afterschool Program
New Hope Community Development Corporation
1821 Meadowview Rd. Sacramento CA 95832**



VOLUNTEER APPLICATION

The following information is kept strictly confidential. It is used solely as contact information for the JumpStart program, and to determine whether the applicant is eligible to work with children.

PLEASE PRINT CLEARLY

Name: _____ DOB _____/_____/_____ Age _____ Sex: M F

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (_____) _____ Do you have texting? Y N Home Phone: (_____) _____

Email address: _____

College Major / Occupation: _____

Marital Status: S M D W Number of children: _____ Ages: _____

What other types of volunteer work have you done? What was your role?

What special talents do you have?

What would you most like to assist with at the New Hope Community Center?

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Page 2 – general information, continued

What experience and/or training have you had in working with children? (Note: You will receive training as a volunteer or staff member with JumpStart. This question helps us know what type of training needs to be provided.)

Jumpstart runs Mondays to Fridays from 3:00 to 6:00pm. Which days and times are you willing and/or able to volunteer for? How long is your commitment to JumpStart (i.e., All year? One semester?)

The New Hope Community Center is a faith-based non-profit organization. While we do not require our volunteers to be religiously affiliated, we do want volunteers to be aware that they will be exposed to activities that revolve around Christian themes. You are not required to participate in such activities; but we want to be sure that you are comfortable serving in this environment.

Please initial below if you have read and understand the aforementioned, and are comfortable serving in this faith-based environment

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Page 3 – background information

Have you at any time been accused, rightly or wrongly, of child abuse, sexual molestation or neglect? If yes, please explain.

Have you been arrested or convicted of anything, other than a minor traffic violation? If yes, please explain.

Do you suffer from, or have you ever been treated for any nervous or mental illness? If yes, please explain.

If I am at or over 18, I understand that I must be fingerprinted in order to volunteer with JumpStart. My name will run through the Megan’s Law website to check whether I have a criminal record. If I am under 18, my parent or legal guardian must fill out a consent form. (Please initial if you have read and understand this statement)

Personal References (List persons not related to you whom you have known for five years or more.)
Print legibly as we have to mail out 2 reference questionnaires.

Name and Email	Home Address	Phone	Years Known
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1. _____

2. _____

I, the undersigned, give my authorization to JumpStart or its representatives to verify the information on this form. JumpStart may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a children’s worker. I also hereby verify that all of the above information is true, to the best of my knowledge.

Signature: _____ Date: _____

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Page 4-6 – reports and acknowledgments

INCIDENT REPORT

I understand that I must fill out an incident report for any: 1) Injury to child; 2) Physical altercation between children; 3) Suspicious marks on child; and/or 4) Strange or unusual behavior of child (out of character)

Signature

Date

ACTIVITY APPROVAL ACKNOWLEDGMENT

I understand that a JumpStart Activity Approval Form must be filled out for any activity with children away from the New Hope Community Center. I understand that if said form is not filled out and approved by the New Hope Community Center Director, the activity is not sanctioned by the New Hope Community Center.

Signature

Date

CHILD SAFETY GUIDELINES ACKNOWLEDGMENT

I understand that a permission slip must be signed by the kid's guardian for all activities away from the New Hope Community Center. The permission slip must be with the adult supervising the child. The permission slip must be in the car with the child. Each child must be seat-belted when driving with a New Hope Community Center staff or volunteer.

I also understand that I must never be alone with a kid. If counseling one-on-one, I will do so in a room with an open door or in an open space.

To drive the kids, I must have a valid driver's license and car insurance.

Signature

Date

Driver's License #
(Copy of license attached)

Car Insurance Co.
(Copy of insurance card attached)

CORPORAL PUNISHMENT ACKNOWLEDGMENT

I understand that corporal punishment of any form is not to be used at the New Hope Community Center.

Signature

Date

CHILD ABUSE REPORTING ACKNOWLEDGMENT

I, _____ (Volunteer), do hereby acknowledge that I have been informed by the JumpStart Staff of the provisions of the California Penal Code concerning the reporting of child abuse. Specifically, I acknowledge that I have read and understood the following statement:

“Section 11166 of the Penal Code requires any child care custodian, health practitioner, or employee of a child protection agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.”

“‘Child care custodian’ includes teachers, an instructional aide, a teacher’s aide, or a teacher’s assistant employed by any public or private school, who has been trained in the duties imposed by this article, if the school district has so warranted to the State Department of Education; a classified employee of any public school who has been trained in the duties imposed by this article, if the school has so warranted to the State Department of Education, administrative officers, supervisors of child welfare and attendance, or certificated pupil personnel employees of any public or private school; administrators of a public or private day camp; licensees, administration and employees of licensed community care or child day care facilities; JumpStart Staff; licensing workers or licensing evaluators; public assistance workers; employees of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; and social workers or probation officers; or any person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in any public or private school.”

“‘Health practitioner’ includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, optometrists, or any other person who is licensed under Division 2 (Commencing with Section 500) of the Business and Professions Code; marriage, family and child counselors, emergency medical technicians I or II, paramedics (commencing with Section 1797) of the Health and Safety Code; psychological assistants registered pursuant to Section 2913 of the Business and Professions Code; marriage, family and child counselor trainees as defined in subdivision (c) of Section 4580.03 of the Business and Professions Code; unlicensed marriage, family and child counselor interns registered under Section 4980.44 of the Business and Professions Code; state or county public health employees who treat minors for venereal disease or any other condition; coroners; paramedics; and religious practitioners who diagnose, examine or treat children.

“The report of the known or suspected child abuse must be made immediately or as soon as practically possible by telephone and then by written report with 36 hours of receiving the information concerning the incident.

“When two or more persons who are required to report an incident are present and jointly have knowledge of a known or suspected instance of child abuse, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and single

report may be made and signed by such selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so, shall thereafter make the report.”

“The telephone report shall include the name of the person making the report, the name of the child, the present location of the child, the nature and extent of the injury, and any other information including information that led that person to suspect child abuse as requested by the child protective agency.”

“The identity of the persons making the report and the reports required by Penal code Sections 11166 and 11166.2 shall be confidential and disclosed only as set forth in Penal Code Sections 11166, et seg.”

ACKNOWLEDGMENT

I have read and understand the requirements of the Child Abuse Reporting Statute of the California Penal Code as set forth above and agree to abide by these requirements.

Volunteer signature: _____ Date: _____

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Pages 7-8 – permission slip – if applicable

VOLUNTEER PERMISSION SLIP (if under 18)

I, _____, verify that I am the parent or legal guardian of the
Parent/Guardian's name (please print)

following minor: _____
Child's name (please print)

I hereby grant this child to become a volunteer for the JumpStart Afterschool program and promise to release, forever discharge and agree to hold harmless the New Hope Community Center, its Directors, employees and volunteers, from any and all liability, claims or demands to personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above named child that occur during any activities. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in these activities. The undersigned further agrees to hold harmless and indemnify the above-mentioned JumpStart, its Directors, employees or volunteers, for any liability sustained as the result of the negligent, willful or intentional acts of the below named child, including expenses incurred attendant thereto.

X _____ Date _____
Signature of Parent or Guardian

When efforts made to contact me are unsuccessful, and when this child is in need of medical attention, I herein authorize the adult sponsor of the New Hope Community Center to consent to providing medical attention for this child, including any X-ray, examination, anesthetic, or medical or surgical diagnosis or treatment, on the recommendation of any physician or surgeon licensed to practice.

X _____ Date _____
Signature of Parent or Guardian

Physician _____ Phone _____

Address _____

Hospital or Clinic of preference _____

Insurance Co. _____ Policy # _____

Date of last tetanus shot _____

Date of last tuberculosis (TB) test _____ Reaction? YES NO

Please list any known allergies

Please list any medical conditions we should know about:

EMERGENCY PHONE NUMBERS

If we are unable to reach a parent or legal guardian, we will call one of these numbers.

Name #1	phone number(s)	relationship to minor
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Name #2	phone number(s)	relationship to minor
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Name #3	phone number(s)	relationship to minor
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