

Challenged Child & Friends, Inc.
P.O. Box 5758 Gainesville, GA 30504 (770) 535-8372
Located at 2360 Murphy Blvd. (off Brown's Bridge Rd.)
For more information contact: Robyn Shoaf
Volunteer Coordinator, Extension 120

Placement Year: _____
Location: _____
 GifTrak Vol.Schedule Vol.Orientation
Application not Placed _____
Date Inactive _____

VOLUNTEER APPLICATION

NAME: _____ E-Mail _____

STREET ADDRESS: _____

CITY / STATE / ZIP : _____

PHONE NUMBER: _____ Home _____

REFERRED BY (Person/Organization): _____

YOUR BACKGROUND

VOLUNTEER SCHEDULE YOU ARE INTERESTED IN:

A.M. Preschool (8:30/9:00 - Noon) _____ A.M. Program/Cleanup (until 12:30) _____

A.M. Program & Lunch (until 1:00) _____ A.M. Program/Lunch/Nap (until 2:00) _____

Extended Day Child Care (12:30 - 4:30) _____ Office (clerical/administrative)(anytime) _____

Other _____

TIMES AVAILABLE:

Days of Week: M T W TH F (Please Circle)

Circle One: Weekly Bimonthly Monthly Other _____

HEALTH REQUIREMENTS: A TB screening is required annually, as well as proof of MMR re-immunization (one time only), in order to protect the health of our children.

Hold Harmless Agreement: By submitting this application, I waive any and all claims for myself and my heirs against Challenged Child and Friends, Inc. in the event of injury or illness which may result directly or indirectly from my participation as a volunteer. I state that I am in proper physical and mental condition to participate. In the event of accident or illness that may occur while participating as a volunteer, I acknowledge that accident or health insurance or payment for medical transport or treatment are not provided by Challenged Child and Friends, Inc. and that I am solely responsible for such costs.

Volunteer Applicant Signature: _____ **Date:** _____

CHALLENGED CHILD AND FRIENDS, INC.
CLASSROOM VOLUNTEER JOB DESCRIPTION

QUALIFICATIONS:

- A love for children
- Ability to work within a team
- Willingness to be instructed by professional staff
- Ability to work within agency health and safety guidelines
- Maturity in scheduling and attendance responsibilities

DUTIES:

1. Obtain health certifications as required:
 - a. Annual TB test
 - b. Proof of measles re-immunization (not applicable if born prior to 1957)
2. Complete volunteer application and other forms required by child care licensing regulations, including but not limited to, a criminal records check, confidentiality agreement, and Universal Precautions/Infection Control Agreement.
3. Attend orientation and/or carefully read and respond to agency guidelines provided in the areas of:
 - a. Discipline
 - b. Health and safety
 - c. Infection control
 - d. Confidentiality
4. Support the agency's volunteer coordinator in scheduling by calling in when unable to attend on scheduled days; work with volunteer coordinator in re-scheduling or exchanging days with other volunteers, when possible.
5. Sign in daily at lobby desk (signature acknowledges confidentiality and health policies)
6. Check in with receptionist for classroom assignment.
7. Support teaching team* in the daily routine of early intervention:
 - a. Work with individual children on their developmental goals
 - b. Help track the child's performance using teacher's guidelines
 - c. Help children be successful in group activities
 - d. Supervision of children on the playground
 - e. Supervision of "potty time"
 - f. Setup and cleanup of snack
 - g. Feeding and/or supervision during snack
 - h. Setup and cleanup after activities
 - i. Comfort children having difficulties with their emotions
 - j. Participate in behavior management plans developed by staff
 - k. Arrival and departure support (book bag notes, help with coats/hats, getting on buses, etc.)

*Volunteers should express their discomfort or need for more training or experience regarding any duty.
8. Sign-out by indicating the time of departure by your name in the lobby.

**CHALLENGED CHILD AND FRIENDS, INC.
VOLUNTEER OPTIONS & REQUIREMENTS**

Location: 2360 Murphy Boulevard (off Browns Bridge Road)

Phone: 770-535-8372

Fax: 770-535-0252

website: www.challengedchild.org

Executive Director: Dr. David Earnest **Volunteer Coordinator:** Robyn Shoaf

Option #1: *General Classroom Volunteer (Requires orientation, health screenings and application process)*

- Help guide children in individual and group activities
- Help with snack preparation, cleanup and feeding
- Help supervise on the playground
- Help staff with room cleanup and preparation for activities

Classroom schedule:

7:30-8:30 am	Early morning arrival
8:30 am-12:30 pm	AM Intervention Program
8:30 am- 2:00 pm	AM Intervention Program, lunch, nap
10:00 am-2:00 pm	Outdoor play/snack, lunch, nap
12:30 pm-2:00 pm	Lunch and nap
2:00 pm-5:30 pm	Extended day child care activities

Health screenings: Tuberculosis screening is required **annually**. If we have proof of your screening on file, a new one will be required during the month it expires. MMR/Measles immunization proof is required one time only. However, if you were born prior to 1957, this is not necessary.

Option #2: *Assist with Fundraising Events*

- Help agency with fundraising projects and events
- Help agency with public relations and marketing
- Help with development of volunteer services
- Assist in community education and awareness
- Assist with "day-of" activities

Option #3: *Center Administrative Volunteer*

- Copying, collating and preparing mailings
- Reception and answering phones
- Coloring, cutting, copying of language symbols
- Holiday Card Project assistance (sort, package, etc.)
- Filing for bookkeeping department
- Center library management
- File records (confidentiality agreement required)

Option #4: *Center maintenance and upkeep*

- Assist with a variety of ongoing maintenance and upkeep projects throughout the center and on the grounds

HALL COUNTY SHERIFF'S OFFICE
610 MAIN STREET
GAINESVILLE, GA 30501
770-531-6877

This form is
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Acrobat® Reader software

CONSENT FORM

PURPOSE: _____

Special employment provisions (Check if applicable)

- ____ Employment with mentally disabled (Purpose code 'M')
- ____ Employment with elder care (Purpose code 'N')
- ____ Employment with children (Purpose code 'W')
- ____ Employment with Hall County Government Law Enforcement Sworn Officer (Purpose Code Z)
- ____ Employment with Hall County Government Law Enforcement Non-Sworn Officers (Purpose Code J)
- ____ Employment with Hall County Government Non-Law Enforcement (Purpose Code E)

One of the following must be checked:

_____ This authorization is valid for 90/180/_____ (circle one) days from date of signature.

I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

I hereby authorize the Hall County Sheriff's Office to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

PLEASE PRINT INFORMATION

FIRST MIDDLE LAST (MAIDEN)

STREET ADDRESS **(NO P.O. BOX)**

CITY STATE ZIP

SEX

RACE

DATE OF BIRTH

SOCIAL SECURITY

Handwritten Signature Required Here

SIGNATURE

NOTARY

DATE

RECORD ON FILE

NO RECORD ON FILE

RECORDS CLERK
(AGENCY USE ONLY)

DATE COMPLETED
(AGENCY USE ONLY)

*****Special Conditions*****

If an adverse employment or licensing decision is made against the person whose record was obtained under this law, the person shall be informed: That a record was obtained, the specific contents of the record and the effect the record has upon the decision. Failure to provide this information to the person subject to the adverse decision shall be a misdemeanor.