



WALC Child Care Volunteer Application

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NAME _____ DATE _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

TIME FRAME I WOULD LIKE TO WORK: (check/circle all that apply)

10 AM - 12 NOON 12 - 2 PM 2 - 3:45 PM OTHER _____

I WOULD BE INTERESTED IN:

Reading with Children Infant Support Toddler Support Playground
 Craft Projects ANY

When would you be available? Day (s) of week (Please Circle) M T W TH F

Date Starting _____ Date Ending _____

When volunteering, **confidentiality** is a must. There are specific federal and state laws that protect information of a personal nature about children in a school setting. Persons who violate these laws open themselves up to litigation (a lawsuit). It is natural to want to go home or back to school and share your experiences. Just remember not to use names or specific identifying information concerning individual children. If you have concerns, please do not hesitate to speak to the teacher, facilitator or principal.

MN Safe and Supportive Schools Act: The issue of bullying is of great concern. The Winona Area Public Schools district adheres to the MN Safe and Supportive Schools Act. It is essential that all students feel safe and are able to receive an education in a supportive environment. If, as a volunteer, you have concerns regarding student behaviors that may appear intimidating, threatening, abusive or harming to another student or students, please speak to the teacher, program advisor or principal.

Background Study: The school district will conduct a Background Study on individuals 18 and over who will be working one on one with children.

Background Studies will also be completed on those providing unsupervised care for children. Offering these types of volunteer opportunities shall not be made available until receipt of the final results of the Background Study from the DHS are deemed acceptable to the school district and approved by the school board.

Date _____ Signature _____

For Office Use Only

1. Will this volunteer be working one on one with students or vulnerable adults? Yes / No

2. Will this individual provide unsupervised care for children? Yes / No

Date of orientation training: _____

If you have answered yes to any of these questions, this volunteer must complete an authorization form for a background study. Submit the completed authorization form to the Human Resources Department for processing. Once a background study has been completed, it does not need to be repeated unless there is a break in volunteer service which exceeds 12 months.

Please note: Completed volunteer applications should be filed at the Child Care Office. Completed background studies authorization forms need to be routed to Human Resource for processing.