

Eastern Idaho Community Action Partnership
HEAD START

Name:		Phone:	
Address:			
Position:		Date:	
Days Available:		Times Available:	

Volunteer Checklist	✓ Completed
1. The volunteer has viewed the Head Start Mandatory training videos as an overall orientation to Head Start.	
2. The volunteer has reviewed the Volunteer Guidelines and completed the Volunteer Information w/Statement; Confidentiality Agreement The importance of confidentiality has been stressed.	
3. A brief description of job duties has been discussed as well as typical Head Start routines.	
4. The volunteer has been informed about Volunteer Handbook and is encouraged to become familiar with it and ask any questions they may have.	
5. The volunteer has been informed of Head Start's policy on Child Abuse and the procedure for reporting	
6. Emergency procedures have been reviewed (universal precautions, exits, first aid kit, etc.) and a brief overview of the building (where to park, put coat and other personal items, location of the restrooms, etc.) has been completed.	
7. Background/fingerprinting are required for all regular volunteers	
9. Dress Code Policy has been discussed and understood.	
10. Standards of Conduct has been reviewed and signed	
Forms Completed: (Check all that apply) <input type="checkbox"/> Volunteer Application <input type="checkbox"/> Volunteer Information <input type="checkbox"/> Background check consent <input type="checkbox"/> Confidentiality Agreement <input type="checkbox"/> EICAP Standards of Conduct <input type="checkbox"/> Guideline for cell phone use in the classroom <input type="checkbox"/> Parental consent (if applicable)	

Checklist and appropriate forms will be filed in a volunteer binder maintained by the Center Manager.
Provide Volunteers with copies of all forms and information. Fax background check and application to CO, also parental consent form if applicable

E.I.C.A.P. HEAD START Volunteer Application

VOLUNTEER APPLICATION

Individuals interested in Volunteering for Eastern Idaho Community Action partnership (EICAP) **Head Start** must complete all parts of this form before being considered for a position. Acceptance as a volunteer is contingent on the return of this form and the clearance of a background check and TB test.

The information in this application will be used solely to determine placement of you as you volunteer. No discrimination is implied. All information obtained will be kept confidential.

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Message Number: _____ E-Mail _____

Company/Organization: _____ Number: _____

Are you currently a student? YES _____ NO _____ Where? _____

Are you Bilingual? YES _____ NO _____ Language: _____

How did you hear about this Organization/Agency? _____

Emergency Contact Person _____ Number _____

List two people as references who are not related to you:

1. Name: _____ Phone: _____
2. Name _____ Phone: _____

Volunteer Signature _____ Date _____

EICAP HEAD START
VOLUNTEER INFORMATION

Name:	
Address:	
Home Phone:	Work Phone:
Name of Spouse/Significant Other:	
Number where Spouse/Significant Other may be reached:	
Emergency Contact Person:	
Address:	
Home Phone:	Work Phone:
Physician:	Dentist:
Pertinent Medical Information:	

The above information on this form is voluntary, not mandatory, and will be kept confidential. This form will be placed in the volunteer binder with the Center Manager.

**Eastern Idaho Community Action Partnership
Criminal History Check**

All acceptable applicants for the position for which you have applied must successfully pass a criminal history check. In order to make the proper identification, the following information is necessary; Human Resources will not be responsible for omission of information needed to obtain an accurate record check. A conviction may or may not be grounds for disqualification. Each case will be considered individually. Please submit picture ID/license with this form.

Position Applying for: _____

Last Name

First Name

Middle Name

Alias Names (Include Maiden/prior Married Names)

Birth Date

Sex

Social Security Number

Please list the name of any city or town in which you have lived during the last five years:

City, State

City, State

City, State

City, State

In the space below, please list **ANY** misdemeanor and felony offenses, including D.U.I. for which you have been convicted or received a withheld judgment **within your lifetime**. Some juvenile offenses for which an individual is charged as an adult (tobacco, alcohol, and drug charges) and traffic citations or moving violations such as inattentive driving may fall into this category; it is the applicant's responsibility to verify the accuracy of the information contained within the record.

Approximate
Date

City/State

Offense or Violation

I authorize Eastern Idaho Community Action Partnership to receive any and all information concerning myself related to my criminal records, and I understand that any of the above requested information not listed which appears on the security check will automatically disqualify me on the basis of falsification of the application.

Applicant's Signature

Date

EICAP HEAD START STANDARDS OF CONDUCT

All employees, consultants, and volunteers of Eastern Idaho Community Action Partnership agree to abide by the standards of conduct as listed below. Each person will sign this form at the beginning of each program year.

I understand that I have responsibilities essential to the Company's integrity and attainment of the organization's goals. By signing a copy of this Standards of Conduct,

I agree that I will:

- ✓ Not discriminate or refuse professional services on the basis of gender, race, ethnicity, culture, religion, or disability; respect and promote the unique identity of each client; and refrain from stereotyping;
- ✓ Follow the Company's confidentiality policies concerning information about clients; respect and protect privileged information to which I have access; and, upon termination, maintain client and co-worker confidentiality;
- ✓ I will exercise whatever discretionary authority I have under the law to promote the interests of the poor and recognize that the chief function of the Community Action Movement at all times is to serve the best interests of the poor, thereby serving the best interests of all people;
- ✓ I will lead the Community Action Movement with respect, concern, courtesy, and responsiveness, recognizing that serve to the poor is beyond service to myself.
- ✓ Not allow any client to be left alone or unsupervised while under my care;
- ✓ Use positive methods of child guidance and will not engage in corporal punishment, emotional or physical abuse, or humiliation. In addition, I will not employ methods of discipline that involve isolation, the use of food as punishment or reward, or the denial of basic needs;
- ✓ Not solicit or accept personal gratuities, favors, or anything of significant monetary value from contractors or potential contractors, on behalf of EICAP Significant value is determined to be over \$25.00;
- ✓ Not attempt to influence clients on issues such as religion, politics, or morality.
- ✓ Not participate in any lobbying activities using federal funds on behalf of EICAP I will avoid any interest or activity that is in conflict with the conduct of official duties.

EICAP Standards of Conduct (Continued)

- ✓ I will act in accordance with standards of professional integrity and will not use my professional relationship to further my own interests. I will serve in such a way that I do not realize undue personal gain from the performance of my professional duties.
- ✓ I accept as a personal duty the responsibility to keep up to date on emerging issues and to conduct myself with professional competence, fairness, impartiality, efficiency, and effectiveness. I will keep the community informed about issues affecting the poor and facilitate communication by the poor with locally elected public officials and the private sector.
- ✓ I will respect the structure and responsibilities of the board of directors, provide them with facts and advice as a basis for their making policy decisions, and uphold and implement policies adopted by the board of directors.
- ✓ I will perform my duties within the Company with positive leadership exemplified by open communication, creativity, dedication, and compassion.
- ✓ I will demonstrate the highest standards of personal integrity, truthfulness, honesty, and fortitude in all my community action activities in order to inspire confidence and trust in the community action movement.
- ✓ I will strive for professional excellence and encourage the professional development of our associates.

I have read the above statements and my signature verifies that I agree to follow the Standards of Conduct. I understand that failure to do so could result in disciplinary action up to and including termination of employment (or volunteer status). I further understand that this completed form will be placed in my child's file (for parent volunteers), personnel, consultant, or volunteer file.

Employee's Signature

Date

Printed Name

Human Resources Signature

Date

EICAP Head Start

CONFIDENTIALITY AGREEMENT

I, _____, understand the need for absolute confidentiality in my role as an employee of Eastern Idaho Community Action Partnership, Inc. I do hereby swear to maintain and accept the responsibility for absolute confidentiality. I understand that a breach of confidentiality will be cause for reporting such breach to the Executive Director of Eastern Idaho Community Action Partnership, Inc., and may be subject to disciplinary action, up to and including possible termination of employment or volunteer status.

Employee Signature

Date

Center Manager

Date

Guideline for Cell Phone use in the Center

EICAP Head Start provides at least one phone in each classroom and kitchen that is used for contact and emergency purposes only. It is not the policy of Head Start to allow personal cell phone use within the classroom or kitchen during class times. Personal cell phone use will be limited to the following times and areas:

- ✚ Before and after class within the staff offices.
- ✚ In case of a family crisis and an employee needs to be contacted, they can have the phone on their person as long as ringer is off and it has been placed in silent mode. (In this case the employee will need to inform their center manager prior to class starting)
- ✚ If a teacher/assistant/cook is called due to a family crisis, be sure to inform the center manager that coverage is needed and take the call outside of the classroom either outside or within your own personal office.

Any employee, volunteer, or consultant caught text messaging or using their cell phone for personal use during class times will be asked to turn it off and to place it in their offices or in the center manager's office until their shift within the classroom and/or kitchen is over. If an employee is told more than once (unless prior arrangements are made due to a family crisis) and does not comply with this Guideline, they may be subject to disciplinary action.

The appropriate center manager and/or specialist will speak to the classroom volunteer or consultant if they are unable to follow the cell phone guideline.

Signature _____

Date _____