

APPLICATION FOR VOLUNTEER SERVICE



Cape Cod Child Development Program, Inc. (CCCDP)
83 Pearl Street, Hyannis MA 02601 * Phone: (508) 775-6240 * 1-800-974-8860
Fax: (508) 790-4298 * Web Site: <http://www.cccdp.org>

GENERAL INFORMATION

Thank you for your willingness to volunteer with Cape Cod Child Development! Because CCCDP is responsible for the safety of small children, state regulations require that you complete all sections of this Application (except for the "References" section, which is optional) prior to being approved as a CCCDP volunteer.

Name: _____ Date: _____
 First Middle Last Nickname

Present Address: _____
 Street or Post Office Box City State Zip Code

Phone Number: Day _____ Evening _____ Cell _____

Best time(s) to reach you? _____ Are you 15 years of age or older? YES NO

List any people you know who work or volunteer here: _____

POSITION INTEREST

Type of duties/position you are seeking: _____

Hours You Are Available: _____ Date Available to Start: _____

SECURITY INFORMATION

An applicant in Massachusetts with a sealed record on file with the Commissioner of Probation may answer "no record" to an inquiry about prior convictions of a crime. In addition, an applicant may answer "no record" to an inquiry relative to all cases of delinquency or as a "child-in-need-of services" for which no criminal prosecution resulted. An applicant may also answer "no record" with respect to any finding of non-support in a DSS 51B report or to any finding of abuse or neglect by DSS that was overturned on appeal.

Have You Ever Been Convicted of a Felony? Yes No/No Record
If Yes, Explain: _____

Have You Been Convicted of a Misdemeanor Within the Past 5 Years? (Applicants for employment should not include a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace.) Yes No/No Record
If Yes, Explain: _____

Have you ever been found responsible for the abuse or neglect of a child by the Massachusetts Department of Social Services pursuant to G.L. Chapter 119, Sections 51A and 51B? Yes No/No Record
If Yes, Explain: _____

Have you ever been found responsible for the abuse or neglect of a child by any state, county, municipal, or federal authority? Yes No/No Record
If Yes, Explain: _____

Name of Volunteer Applicant: _____

REFERENCES -- OPTIONAL

If you wish, you may provide us with references. Please do not list relatives. While business/professional references are best, it is fine to provide personal references if you have no work history or a limited work history.

Name/Agency or Company	Title (if any)	Phone Number	Relationship
1) _____	_____	_____	_____
2) _____	_____	_____	_____

PLEASE READ CAREFULLY

Criminal and DSS Records. CCCDP will perform a Criminal Offense Record Inquiry (CORI) and a DSS Background Check on prospective volunteers. All offers to volunteer are conditional on CCCDP's determination that records are satisfactory in accordance with Massachusetts regulations. CORI and DSS Background Check information may be used by a criminal justice official, qualified mental health professional, CCCDP's CORI Reviewer, or Department of Early Education and Care /Department of Public Health personnel. This application will not be considered complete until you sign a separate, Consent For Criminal Records and DSS Background Check form. **Pre-Employment Medical Information.** Some offers to volunteer are conditional upon a satisfactory physical examination. **References and Record Verification.** Any and all information provided by the applicant during the applicant screening process is subject to verification by CCCDP. CCCDP and/or its agent(s) will take whatever steps deemed necessary to contact individuals listed as references to provide information and/or to verify or clarify information provided. **Acceptance of Application.** This application is not a contract of employment. Acceptance of this application by CCCDP does not imply that the applicant will be authorized to volunteer. The screening process is not complete until all required documents and verifications have been completed, received, and reviewed. Any offer to volunteer is contingent upon completion of the screening process.

CERTIFICATION AND AUTHORIZATION

I have read and understand the information above. I certify that the information in this application and in any other materials provided by me is true, correct, and complete. I understand that any falsification, misrepresentation, omission or withholding of information during the screening process will result in the rejection of my application or my discharge from volunteer service. I authorize Cape Cod Child Development or its authorized agents/contractors to make inquiries of any persons listed as references above, and to verify the information contained in this application and any supporting materials, none of which will be returned to me. I authorize all other persons who have knowledge of me or my records to release such information to Cape Cod Child Development. I hereby release any individual, agency or organization from all liability in responding to CCCDP in connection with my application, and release Cape Cod Child Development from all liability with respect to any inquiries. I understand that no verbal promises or guarantees relating to volunteer service are binding upon Cape Cod Child Development, and that, if approved as a volunteer, both CCCDP and I will be free to terminate my volunteer service at any time. If I am approved to volunteer, I agree to abide by Cape Cod Child Development's policies, rules, and procedures, and any changes thereto. I further understand that there are rules that may require physical exams or other volunteer-related verifications which may occur at any time prior to, or during my volunteer service. I consent to a Criminal Offense Record Inquiry (CORI) and to a DSS Background Check, and if approved to volunteer I consent to further CORI's and DSS Background Checks during the course of my volunteer service with Cape Cod Child Development.

My signature certifies that I understand and agree with the paragraphs above.

Signature of Applicant: _____ **Date:** _____

EMPLOYEE/VOLUNTEER PHYSICAL



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Employee/Volunteer Name _____

Date of Physical Examination _____

Please Note: All Cape Cod Child Development Program Head Start employees and volunteers are required by the Department of Early Education and Care to have the following health information on record:

1. Documentation of a physical examination every two years
2. Measles (2), Mumps, and Rubella immunity documentation if born after in or after 1957 (may be lab data or vaccine dates)
3. Documentation of a TB Risk Assessment or Mantoux skin test results or Chest XRay if indicated, in accordance with current MA Department of Public Health Targeted Testing Guidelines.
4. Statement of physical limitations in working with children

This is to certify that I have examined _____ on this date and find him/her to be in good health with no major health problems preventing his/her employment or placement at Cape Cod Child Development Head Start Program.

Immunity to Measles, Mumps, Rubella Yes No
 Proof by Lab Data Date _____ Immunization Record Date _____
 To be completed Explain _____

TB Risk Assessment
 Low Risk, Mantoux test not indicated
 Mantoux test done Date _____ Results _____
 Chest X-ray Date _____ Does not need update

Does employee/volunteer have any physical limitations in working with young children? This would include lifting up to 40 pounds, bending, and working with active preschool children. Yes No

If yes, Please describe.

Additional comments:

Physician's Signature _____
Address _____

EMPLOYEE / VOLUNTEER / INTERN

All current or perspective employees/regular volunteers/interns who work in a Department of Early Education and Care (EEC) licensed program and who have the potential for unsupervised contact with children (as defined in EEC regulations, 606 CMR 14.00) must complete and sign this Consent form. **To be completed by applicant:**

Full Name:

Last

First

Middle

Maiden or other Surnames

Date of Birth:

(MM/DD/YY)

Place of Birth

Gender (M/F)

Social Security #

Height

Weight

Eye Color

Mother's Maiden Name

ID Theft Index PIN#

Please list other states in which you have resided: _____

Signing this form means that you (the applicant) understand:

- EEC will conduct a Background Record Check (BRC) which consists of both a Criminal Offender Record Information (CORI) check and a Department of Social Services (DSS) background record check. EEC may use this information for investigative purposes if you or your employer is the subject of an EEC investigation.
- The results of the DSS and CORI checks will be shared with the employer/potential employer. The employer/potential employer will consider this information when making hiring/retention/staffing decisions.
- The employer/potential employer will be notified if the DSS background check shows that you have been found responsible for the abuse or neglect of a child in a supported 51B report, or if a 51A report alleging that you were responsible for the abuse or neglect of a child has been filed and the investigation into those allegations is pending.
- The employer/potential employer will be notified if your CORI check shows a criminal history, including convictions, pending charges, and/or criminal arraignments that did not result in conviction.

I grant EEC permission to complete a BRC check on me and to provide the results to my employer/potential employer.

I certify the information above is correct to the best of my knowledge. _____

FOR PEARL STREET USE ONLY

Employer Certification:

The applicant is applying for a position or is currently employed in an EEC licensed program. I understand that the use of this form for any reason other than its intended purpose is unlawful.

The applicant's identity was verified by reviewing the following form of government issued photographic identification: _____ (Please keep a photocopy of said identification in file with this application.)

Signature of Authorized Background Record Check Reviewer _____ Date: _____