



Child Start Inc., Head Start

Serving the families of
Missoula, Mineral, Granite, Powell, and Sanders Counties
1001 Worden, Missoula, MT 59802
Phone (406) 728-5460 / Fax (406) 728-5566



Volunteer Application

Name: _____ Telephone Number: _____

Address: _____

Street

City

State

Zip

How did you learn of Head Start? Friend _____ Job Service _____ Website _____ Other _____

Have you volunteered in a Head Start Program? _____ If yes, Where? _____

Were you previously employed by Head Start? _____ If yes, When? _____

In what capacity would you like to volunteer? Classroom _____ Special Events _____ Other _____

Have you ever been convicted of a misdemeanor and/or felony? _____

Have you ever been convicted of child sexual abuse or other forms of abuse and/or neglect? _____

If yes, explain in full

Emergency Information:

Primary Health Care Provider: _____ Phone: _____

Allergies? _____

Are there any personal health concerns or diagnosis you would like the health office to be aware of:

Emergency contact #1

Name: _____ Phone: _____ Relationship: _____

Emergency contact #2

Name: _____ Phone: _____ Relationship: _____

Education

Name and Location	# of years completed	Did you graduate?	Diploma/Degree Earned
High School:			

Availability: Please circle all that apply

Days:

Monday

Tuesday

Wednesday

Thursday

Friday

Time:

Morning

Afternoon

Location:

Whittier

Convergence (South Ave)

Bethel Baptist Community Church

Bonner Elementary

Do you have any special skills, talents or abilities you would like to share with students?

Applicant Statement:

I certify all information I have provided is true, complete and correct. I understand any information found to be false, incomplete, or misrepresented will result in cancelation of consideration or immediate discharge.

I understand the agency does not discriminate and no questions on this application are used for the purpose of limiting or excusing any applicant from consideration.

Signature of Applicant: _____ Date: _____



HEAD START

Whittier School

Phone: (406)728-5460

1001 Worden

1-800-223-1841

Missoula, MT 59802

Fax: (406)728-5566

CONFIDENTIALITY STATEMENT

You will have access to and gain information about the children and their families. Information about a child or family must not be shared with anyone outside the Head Start program, unless a parent has given specific written permission that such information can be shared. Within the Head Start program, information should be shared with other employees only for the benefit of the child or family. Parents and volunteers are prohibited from reviewing records other than those of their own child(ren). Children's health and education records and social service records on families are open only to Head Start staff and specialist consultants and authorized federal officials on a "need to know" basis and in accordance with the Head Start policy on confidentiality.

I have read and understand the policy on confidentiality as well as this statement. I agree to follow the policy on confidentiality.

Signature

Date

Supervisor Signature

Date



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Offensive Behavior Policy

Including Religious, Racial and Sexual Harassment and Violence.

It is the policy of Head Start to maintain a learning and working environment that is safe and secure, and where children and employees are treated with respect and dignity.

Head Start will strive to ensure that no child or employee will be subject to offensive or degrading remarks or conduct. Such behavior includes inappropriate remarks or conduct related to a child's or employee's race, color, creed, religion, national origin, sex, sexual orientation, marital status, disability, age, or status with regard to public assistance.

Offensive behavior that is expressly prohibited by this policy includes religious, racial, and sexual harassment and violence.

It shall be a violation of this policy for any teacher, administrator or other Head Start personnel to harass a child, teacher, administrator, or other Head Start personnel through conduct or communication of a sexual nature, or because of religion and race as defined by this policy. (For purposes of this policy, Head Start personnel includes Board Members, Policy Council members, employees, volunteers, visitors, contractors, or persons subject to the supervision and control of Head Start).

It shall be a violation of this policy for any personnel of Head Start to inflict, threaten to inflict, or attempt to inflict religious, racial, or sexual violence as defined by this policy, upon any other Head Start personnel.

Head Start will respond to all complaints of offensive behavior as defined by this policy, either formal or informal, written or verbal, and will discipline or take appropriate action against any Head Start personnel who is found to have violated this policy.

For more information about this policy or to file a complaint, contact the Director or the Assistant Director of Head Start.

I have read and understand the Standards of Conduct and Offensive Behavior Policy.

Signature:

Date:



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Tuberculosis Risk Assessment

Name (print): _____

Please mark (X) any of the following that may apply to you:

- Household member has TB
- Has had or could have close contact with person with TB
- Has been out of the country in past year
- Recent immigrant or refugee
- Has lived in a homeless shelter
- Close contact with resident of correctional facility

- None of the above

I certify that all information I have provided is true, complete, and correct.

Employee Signature

Date