Early Head Start & Head Start Classroom Volunteer Documentation Requirements

Anyone volunteering with children in an Early Head Start or Head Start classroom must have the following documents on file before they begin. These are requirements set by the Arizona Dept. of Health Services-Child Care Licensing Division and/or the Office of Head Start or the Maricopa County Head Start Zero-Five Program.

1. A total of 4 references –
   (1) Written personal reference letter
   (1) Written professional reference letter,
   (1) Personal reference (to be reached by phone)
   (1) Professional reference (to be reached by phone)

2. An Arizona DPS Fingerprint Clearance Card.
   For more information go to: http://www.azdps.gov/reports/fingerprint/faq/default.asp It usually takes 4-6 weeks to get the Fingerprint Clearance Card. There is a cost to get the card. Please see the DPS website for more details.

3. A copy of a recent negative Tuberculosis test (TB skin test) taken within the last year. TB tests can also be obtained by private physicians, or local medical clinics such as Concentra, Community Wellness, etc.

4. A copy of one of the following: High School diploma, GED, college transcripts (unofficial are OK), college diploma, or documents showing you are currently enrolled in a GED program, high school or college.

Volunteers must also meet with the Volunteer Coordinator for a volunteer interview and to complete a few additional forms.

For more information, please contact:

Jolene Mutchler, M. Ed.
Community Outreach & Volunteer Coordinator
Maricopa County Head Start Zero-Five Program
2150-1 S. Country Club Dr. Suite 7
Mesa, AZ 85210
(480) 464-9669 ext. 295
Fax: (480) 655-1154
mutchlerj@mail.maricopa.gov
Early Head Start & Head Start Classroom Intern Documentation Requirements

Anyone completing an internship in an Early Head Start or Head Start classroom must have the following documents on file before they begin. These are requirements set by the Arizona Dept. of Health Services-Child Care Licensing Division and/or the Office of Head Start or the Maricopa County Head Start Zero-Five Program.

1. A total of 4 references —
   (1) Written personal reference letter
   (1) Written professional reference letter,
   (1) Personal reference (to be reached by phone)
   (1) Professional reference (to be reached by phone)

2. An Arizona DPS Fingerprint Clearance Card.

3. A copy of a recent negative Tuberculosis test (TB skin test) taken within the last year. TB tests can also be obtained by private physicians, ASU Student Health, or local medical clinics such as Concentra, Community Wellness, etc.

4. A copy of one of the following: High School diploma, GED, college transcripts (unofficial are OK).

5. A food handler’s card issued by the Maricopa County Environmental Services Department. For study guide, testing locations and hours and more please see: http://www.maricopa.gov/EnvSvc/EnvHealth/SpecProp/FoodWorker/TestSchedule.aspx

Interns must also meet with the Volunteer Coordinator and submit materials before beginning in the classroom with children.

For more information or questions, please contact the Volunteer Coordinator:

Jolene Mutchler, M. Ed.
Community Outreach & Volunteer Coordinator
Maricopa County Head Start Zero-Five Program
2150-1 S. Country Club Dr. Suite 7
Mesa, AZ 85210
(480) 464-9669 ext. 295
Fax: (480) 655-1154
mutchlerj@mail.maricopa.gov

Maricopa County Head Start Zero-Five Program: Healthy, Educated Children in Supportive Families
APPLICATION DATE _______________________

NAME __________________________________
LAST  FIRST  MI

HOME ADDRESS ________________________________________

CITY _______________________________ STATE ___________ ZIP CODE ___________

PHONE (H) _______________ (WORK OR CELL) ___________ (FAX) _______________

E-MAIL ______________________________ DATE OF BIRTH _______________

EMERGENCY CONTACT ___________________________________________
LAST  FIRST  MI

RELATIONSHIP __________________________ PHONE _________________________

Please list any prior volunteer experience (location, dates, and a brief description of duties): ________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

EMPLOYED PRESENTLY: Yes ☐ No ☐

PRESENT EMPLOYER ____________________________________________

NAME _________________________________________________________

ADDRESS __________________________ STATE ___________ ZIP CODE ___________

PHONE __________________________ JOB TITLE __________________________

FLUENT LANGUAGE (other than English)
Language __________________________ Read ☐ Speak ☐ Write ☐

Why are you interested in volunteering with the Maricopa County Head Start Zero-Five Program?
_____________________________________________________________________

_____________________________________________________________________

WHAT ARE YOUR VOLUNTEER INTERESTS? (Check all that apply)
☐ Work with children  ☐ Work with administrative staff  ☐ Art activities
☐ Maintenance  ☐ Special events  ☐ Other (explain) ____________

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Volunteer Application

AVAILABILITY:

☐ Short Term □ Long Term □ Special Projects □ Service Learning □
6 months 1 year Episodic/Occasional Determined by Educational Institution

Hours: per week: _____ per month: _____

☐ Prefer weekdays ☐ Prefer weekends ☐ Prefer mornings ☐ Prefer afternoons

☐ Flexible ☐ Specific times: __________________________

Are you willing to make at least a six-month commitment to the volunteer program? Yes ☐ No ☐

Do you have a site or location preference? (Please list): ____________________________

Where did you hear about Maricopa County Head Start and our volunteer opportunities?

________________________________________

Do you have any pending and prior criminal arrest or charges related to child sexual abuse, other forms of child abuse and/or neglect and other convictions of violent felonies? Yes ☐ No ☐

If yes, explain and indicate their disposition: ____________________________

Please provide two personal or professional references. If volunteering in the classroom with children, you will also need to submit (1) written professional reference letter and (1) written personal reference letter.

1. Name: ____________________________ Relationship: ____________________________ Phone Number: ____________________________

2. Name: ____________________________ Relationship: ____________________________ Phone Number: ____________________________

BACKGROUND CHECK:

To ensure a safe environment for all, volunteers working with children in the classroom will be required to submit a criminal affidavit, present a valid State of Arizona Department of Public Safety Fingerprint Clearance Card, show proof they are free from tuberculosis (TB), verify their immunizations are current, and will be subject to a reference check before beginning volunteer service.

I certify that all the information on this application is correct to the best of my knowledge.

Signature: ____________________________ Date: ____________________________