

CHILDREN'S DEVELOPMENTAL CENTER OF LIMA, INC.
VOLUNTEER APPLICATION

Name _____ Date _____

Address _____

Home Phone No. _____ Business phone No. _____

Date of Birth _____ Social Security No. _____

Spouse/Parent Name _____

In Case of Emergency, Notify _____ Relationship _____

Address _____ Phone _____

Name of Family Physician _____

Address _____ Phone _____

Are you employed? Yes ___ No ___ If so, Where? _____

If not, list most recent employer _____

Address _____ Phone _____

Please list two personal references:

1. _____
(Name) (Address) (City-state) (Zip)

(Phone) (Relationship)

2. _____
(Name) (Address) (City,State) (Zip)

(Phone) (Relationship)

Please list other agencies that you are affiliated.

1. _____
(Name) (Address) (Phone)

2. _____
(Name) (Address) (Phone)

AUTHORIZATION

CDC is authorized to obtain information regarding my services and character and release your company, individual and/or organization from all liability, which might result from furnishing same.

Date: _____ Applicant Signature: _____

VOLUNTEER SUPPORTIVE INTERACTIONS

1. Respond quickly and positively to children's needs and questions, comforting distressed children, and helping them to deal with their problems constructively.
2. Bending, kneeling or sitting down to establish eye contact when talking to children.
3. Give attention to children who are less verbal as well as to those who have a lot to say and who demand attention.
4. Show respect for children's feelings and ideas even if they disagree with them.
5. Remind children of the classroom rules and applying them consistently and calmly.
6. Describe the behavior they want to see in positive terms. For example, "keep the water inside the water table, the floor gets slippery if it is wet".
7. Children discussing and resolving their conflicts on their own or with the teacher/volunteer support when necessary.
8. Help children make friends and supporting each child's efforts to renegotiate friendships as necessary.
9. Always encourage independence with supportive and positive assist.

VOLUNTEER REQUIREMENTS

The Ohio Department of Jobs and Family Services requires volunteers to have the following medical precautions.

- Immunized against measles, mumps, rubella, except for persons born on or before December 31, 1956
- Tetanus and Diphtheria
- PPD or Chest X-ray (Mantoux)
- Rubella Immunity (Titer)
- Conviction statement and Fingerprinting
- (3) References

Your family doctor or the Allen County Health Department can give these.

These are included in a medical statement from your family doctor.

Packet:

- Medical Statement
- Volunteer Application
- Child Daycare Conviction Statement
- (3) References
- Fingerprinting (LMH PR Dept – every (3) years)