



8337 Telegraph Road Suite # 300
 Pico Rivera, CA 90660
 (562) 776-1301

Please check here if you are a student
 in a child development class
 Indicate school, college or university below:

VOLUNTEER APPLICATION

Type of service to be rendered: _____ Date: _____

- Classroom-Center: _____
- Administrative/Office _____ CA Driver's License/ID No.: _____
- Kitchen _____ Do you have a child currently enrolled in any of Plaza's Programs?
- Maintenance No Yes What center? _____



 Name Email

 Address City Zip

 Home Phone Cell Phone



ALL volunteers are required to present a tuberculosis clearance prior to starting work. Student volunteers need to present their school ID and a letter from their school stating the purpose of their participation in the program.

Regular volunteers who intend to render more than 16 hours of work per week need to present a criminal background clearance, which includes the FBI, state and the child abuse index check clearances.



EMERGENCY CONTACT:

 Name Relationship

 Address City Zip

() _____
 Home Phone Cell Phone



I declare under penalty of perjury that I have read and understand the information contained herein and that my responses and accompanying attachments are true and correct. Any deliberately false statement will result in my disqualification for volunteer service with the Agency.

 Signature County where signed Date

STANDARDS OF CONDUCT

Statement of Agreement

Plaza de la Raza Child Development Services, Inc. (PLAZA) has long recognized the value in maintaining certain behavioral standards that contribute to the atmosphere at the workplace. The Standard of Conduct is a statement of the ethical principles, values and behaviors expected of employees, volunteers and consultants.

All Plaza Staff members, Family Child Care Providers, Consultants and volunteers are required to adhere to the following codes of conduct:

- Respect and promote the unique identity of each child and family and refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion or disability;
- Follow program confidentiality policies concerning information about children, families, and other staff members;
- Maintain visual observation of children at all times and not leave any child alone or unsupervised while under their care;
- Use positive methods of child guidance and will not engage in corporal punishment, emotional or physical abuse, or humiliation.
- 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.
- Maintain respect and promote professional relationships with the Los Angeles County Office of Education (LACOE), their own DA-CCP, other DA-CCP's, families, staff and children.
- Refrain from the unlawful manufacture, distribution, dispensing, possession, or use of alcoholic beverage, controlled substance, and tobacco in the workplace or at any activity funded by federal or state funds.

Any breach of the above codes of conduct (depending on the nature of the breach) may result in removal from the volunteer program.

Volunteer Acknowledgement

I acknowledge that I have read and understand the Standard of Conduct as summarized above and I agree to abide to these standards while volunteering at Plaza de la Raza Child Development, Inc.

PRINT NAME

TITLE

SIGNATURE

DATE

- Performance Standard 1304.52(i)
- Policies & Procedures, Section No. 700, Policy No. 701

CONFIDENTIALITY AGREEMENT

As a volunteer of *Plaza de la Raza Child Development Services, Inc.*, you may be participating in a variety of client services that will require you to review and discuss information of a highly confidential nature. All information contained in client and family health records, school attendance records, and any other information obtained that relates to client and family is considered CONFIDENTIAL.

During the course of volunteering with *Plaza*, you may become aware sensitive information with designated agency staff, consultants, professionals, and government agency representatives.

This document will become part of your volunteer file. Your signature indicates that you understand and agree to the following conditions:

I understand that throughout the volunteering period, I may become aware of confidential information required for effective coordination and delivery of services. I recognize that participating clients and families are protected in accordance with the provisions of Health and Human Services regulations in Section 45 of the Code of Federal Regulations, Part 46, and any other applicable laws, designed to safeguard their rights and welfare and the information about them is confidential.

I agree that all discussions, deliberations, records and information generated or maintained in connection with these activities shall not be disclosed to any unauthorized person and I will not discuss confidential or other information and records concerning any client with anyone outside the scope of this assignment without proper authorization in accordance with state and federal laws and interagency agreement(s).

I recognize that any discussion of or release of information concerning a participant to any unauthorized person is forbidden and may be grounds for removal from the volunteer program and for legal action.

PRINT NAME

SIGNATURE

DATE