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Administration and School

79th Ave EN

Kalispell, MT

59901

752-7011

**Welcome to Northwest Montana Head Start**

Head Start is a 501 C3 school funded by a federal grant, community support, and **In-Kind donations**. Parents and family members play a very important role as volunteers at our centers. Each year we are responsible for raising 20% of our operating funds through In-Kind donations and volunteering at the centers. In-Kind options could be helping out a few hours a week in the classrooms, helping put together take and make projects which can be done at home, reading a book to each class, attending all Parent Center Committee meetings or becoming a Policy Council member. These are just a few ways to accomplish meeting our 20% match goal.

We appreciate any time you can offer and welcome you to the 2022-2023 School year. If you have any questions, PLEASE call me.

All Northwest Montana Head Start (NWMTHS) volunteers must complete this packet. NWMTHS reserves the right to revoke volunteer privileges if any document in this packet is altered or any information provided is found to be false.

Background checks and MMR Immunization verification must be approved BEFORE any volunteer is placed.

Volunteers are supervised by Head Start staff members at all times and are never left alone with children (unless it is their own child).

**REQUIRED FORMS:**

 State of Montana Release of Information—**must be witnessed by a Notary\***

**\_\_\_\_\_\_\_ Must provide Proof of MMR Immunization ( unless you were born before 1957)**

 Tuberculosis Risk Assessment Form

 Declaration Form

**These forms need to be signed during orientation.**

 Confidentiality Statement

 Discipline Philosophy

 Volunteer Information Sheet

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**Northwest Montana Head Start Volunteer Information**

Name: Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child name if attending Head Start\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How can you help?**

* **Classroom Volunteers**
Work directly with children in the classroom. You can assist teachers with lessons, help with meals or share your talents and passions with the class.
* **Garden Volunteers**
Help seed, weed, and harvest our beautiful, family-focused garden.
* **Playground and Maintenance Volunteers**
Spend time helping us clean up the playgrounds where our kids exercise and explore nature or help us clean and maintain the buildings where our children learn.
* **Board and Policy Council Members**
Be a community representative in our governing bodies and help make important decisions regarding policies, human resources, curriculum and budgets.
* **Special Skills**
Do you have a special skill such as carpentry or sewing, play a music instrument or crafty? Let us know and we can find a project for you.

How are you interested in volunteering?\*

*  Becoming a Policy Council Member
*  Helping in the Classroom
*  Preparing Nutritious Meals
*  Supporting Teaching Staff
*  Tending the Garden
*  Reading to Children
*  Helping with Playground and Maintenance
*  Help clean classrooms on Fridays
*  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: If you have any ideas for volunteer activities, please let us know.

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**Tuberculosis Risk Assessment Form**

The Centers for Disease Control and Prevention and the United States Public Health Service recommend that tuberculosis skin testing be performed on all individuals who may be at increased risk of tuberculosis as a result of a medical condition or previous residence in a country with an increased prevalence of tuberculosis.

Please complete the following form completely. Place a mark in the box in front of the section if any item in the section is true for you. IF YOU CHECK ONE OF THE BOXES IN SECTIONS 1 – 4 YOU ARE REQUIRED TO HAVE A TUBERCULOSIS (PPD) SKIN TEST. If you are an employee requiring an employment physical, please take this form to your appointment and review it with your physician. Check the box on the bottom of the page if sections 1-4 do not apply to you. Sign and date the form at the bottom. If you are under eighteen years of age, a parent or guardian must sign the form.

 Section 1: Check this box if you have any of the following **Possible Symptoms of Tuberculosis:**

* Unexplained weight loss
* Unexplained elevation of temperature for more than one week
* Unexplained night sweats
* Unexplained persistent cough for more than 3 weeks
* Unexplained cough productive of bloody sputum

 Section 2: Check this box if you have any of the following **Risk Factors for Tuberculosis Infection:**

* Close contact with a known case of active tuberculosis
* Use of illegal injected drugs
* HIV (Human Immunodeficiency Virus) Infection
* Health Care Worker
* Resident or employee in a congregate living setting (nursing home, homeless shelter, correctional facility)

 Section 3: Check this box if you have any of the following **Risk Factors for Tuberculosis Disease:**

* Diabetes mellitus
* Lymphoma, leukemia, or cancer of the head, neck, or lung
* Chronic kidney failure
* Silicosis
* Gastrectomy or jejuno-ileal bypass
* Long term immunosuppressive therapy
* Greater than 10% below ideal body weight

 Section 4: Check this box if, in the last five years, you have lived in or traveled for 30 days or more to any of the following **Areas with a High Prevalence of Tuberculosis** as defined by the World Health Organization and the state health department:

* **Africa** – All countries
* **Asia/Southeast Asia/Pacific Islands** – All countries
* **North, Central, & South America** – Argentina, Bahamas, Belize, Bolivia, Brazil, Costa Rica, Columbia, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Venezuela
* **Europe** – Belarus, Bosnia-Herzegovina, Bulgaria, Croatia, Estonia, Hungary, Latvia, Lithuania, Macedonia, Moldova, Poland, Portugal, Romania, Russian Federations, Serbia, Slovak Republic, Slovenia, Ukraine, Yugoslavia
* **Middle East** – Bahrain, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, Turkey, Yemen

 No, none of the items listed in section 1 – 4 apply to me.

Printed Name Signature Date \_\_\_ (Parent Signature if < 18)

**DECLARATION FORM**

# Prospective Volunteer:

# Please Print Your Name

# For use by Head Start Agencies to comply with 45 CFR Part 1301, Subpart D, Head Start Grants Administration, Personnel Section 1301.31(c) and (d).

Northwest Montana Head Start of Flathead and Lincoln Counties requires that all prospective volunteers sign a declaration prior to volunteering which lists:

1. All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;
2. Convictions related to other forms of child abuse and/or neglect;
3. All convictions of violent felonies.

The declaration may exclude:

1. Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies committed before the prospective volunteer’s 18th birthday, which was finally adjudicated in a juvenile court or under a youth offender law;
2. Any conviction for which the record has been expunged under Federal or State law; and
3. Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

Note that individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are not automatically disqualified from volunteering at Head Start. Head Start agencies must review each case to assess the relevance of an arrest, charge, or conviction.

**Please provide your signature on the appropriate line below:**

I have not been arrested, charged and/or convicted on one or more of the three types of offenses listed above.

SIGNATURE DATE

I have been arrested, charged, and/or convicted on one or more of the three types of offenses listed above. (If so, please attach information listing the offense (s), the date (s) of the arrest, charge, and/or conviction, and other relevant information.)

SIGNATURE DATE

**IMPORTANT: EACH HEAD START AGENCY MUST TAKE NECESSARY STEPS TO ASSURE THE CONFIDENTIALITY OF THIS FORM. (Be sure to fill out the Background check form)**