

Mid-Iowa Community Action, Inc.
Youth Volunteer Registration

Name _____
Address _____
City _____ State _____ Zip _____
Phone # _____ E-Mail _____
Emergency contact name _____ Phone # _____
Are you over age 16? (Head Start Classroom volunteers must be at least 16) Y/N _____

When are you available to volunteer?

- Occasionally – less than 24 hours a month Regularly – more than 24 hours a month Other

When would you like to begin volunteering? _____

Volunteer Goals/Expectations. Please include information about your volunteer interest.

Do you have family members working at MICA or on the Board of Directors? Yes No

Confidentiality Statement

I understand during the course of my volunteer experience at MICA I may become aware of confidential information regarding participants in MICA's programs or employees. MICA is committed to protecting the privacy of participants and employees, and volunteers are expected to do the same.

- I agree _____(initial)

MICA Media Release Permissions

I give MICA permission to use photographs and video footage of myself in agency promotional materials, including but not limited to agency reports, brochure, videos, website pages, flyers, media releases and public service announcements.

- Yes, I give permission to use photographs of myself in agency materials.
 No, MICA may not use photographs or video footage of myself in promotional materials.

I give MICA permission to publish or broadcast my first and last name and my accounts about volunteering at MICA in agency promotional materials (see examples above).

- Yes, I give MICA permission to use my first and last name and my accounts about volunteering in promotional materials.
 No, MICA may not identify me by first and last name in promotional materials.

I verify that I have completed this form on my own behalf and agree to obtain additional training or screening requirements that may be required for volunteer positions.

Volunteer Signature / date _____

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on FACEBOOK and become a fan!**

Parental Consent: To be signed by parent/guardian.

I give permission for my high school student to volunteer for Mid-Iowa Community Action, Inc.

Signature of parent/guardian _____

Date _____

Volunteer Registration Page 2 ECP/Family Development Volunteer

MICA's Early Head Start /Head Start Program is regulated by the U.S Department of Health and Human Services and the Iowa Department of Human Services. Additional information and/ or training may be required for volunteers working with infants, toddlers, or preschoolers in a classroom setting or volunteers working with E/HS families.
Please read, complete and sign below:

ECP/Family Development Volunteer

Occasional Volunteer (Volunteers working less than 24 hours a month)	Regular Volunteer (Volunteers working more than 24 hours a month and volunteer in ratio)
<p style="text-align: center;">Non conviction statement</p> <p>1. I do do not___have a conviction of any law in any state.</p> <p>2. I do do not___have a conviction of or any record of founded child, neglect, child abuse, or dependent abuse in any state.</p>	<p style="text-align: center;">Non conviction statement</p> <p>1. I do do not___have a conviction of any law in any state.</p> <p>2. I do do not ___have a conviction of or any record of founded child, neglect, child abuse, or dependent abuse in any state.</p>
<p style="text-align: center;">Communicable disease statement</p> <p>I do___do not___have any communicable diseases or other health concerns which pose a threat to the health, safety, or well being of the children or families served by MICA.</p>	<p style="text-align: center;">Communicable disease statement</p> <p>I do___do not___have any communicable diseases or other health concerns which pose a threat to the health, safety, or well being of the children or families served by MICA.</p>
XXXX	<p>TB skin test – Prior to start date, regular volunteers must obtain a TB skin test. MICA will pay for this testing when performed by an approved agency or provider.</p>
XXXX	<p>Mandatory Child Abuse Reporter Training – within 4 months of start date of volunteer must obtain Mandatory Child Abuse Reporter Training. MICA will pay for this training.</p>

I declare the above statements to be true and to meet additional training or screening requirements for my volunteer position.

Signature of Volunteer Date

Return completed volunteer registration by mail to:
MICA
1001 South 18th Ave.
Marshalltown, Iowa 50158
Email: daniel.garcia@micaonline.org Or by fax to (641) 752-9724