



## **VOLUNTEER TEACHER ASSISTANT JOB DESCRIPTION**

- POSITION TITLE:** Volunteer Teacher Assistant
- REPORTS TO:** Teacher Director/Center Director or Teacher
- OBJECTIVE:** To insure that the teacher has adequate assistance carrying out the daily schedule and objectives.
- RESPONSIBILITIES:** Assist teacher in carrying out daily lesson plans.
- Assist in preparation of classroom materials.
- Work with small groups of children to encourage self-expression and good self-esteem.
- Work with a child on a one-on-one basis to carry out an individualized program.
- Assist with maintenance and up-keep of the classroom.
- Assist teacher with supervision on the playground.
- Accompany and assist with supervision on field trips.
- Perform other duties as assigned by the teacher.
- QUALIFICATIONS:** Enthusiasm and a strong interest in school education is a must. The ability to relate well with children, a general knowledge involved in learning. Be a creative individual who can share his/her talents in the classroom and assist the teacher in the preparation of classroom materials. Good moral character and health.
- REQUIREMENTS:** All volunteers must have clearance for T.B. and other required immunizations (Measles/Pertussis/Flu) prior to volunteering in the classroom. Must be 16 years or older.



### VOLUNTEER APPLICATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (C): \_\_\_\_\_ (W/Other): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CDL/CID:** State Issued: \_\_\_\_\_ Number: \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Employed Presently:**  No  Yes, Name of Employer: \_\_\_\_\_

**Education and Training:** Highest Grade Completed:  \_\_\_\_\_ Grade  College  Grad. School  
Skills/Training: \_\_\_\_\_ Other Language: \_\_\_\_\_

**Interests and Hobbies:** \_\_\_\_\_

**Availability:**  Long Term  Short Term  Observation  
Days Available:  Monday  Tuesday  Wednesday  Thursday  Friday

**Type of Work You Would Like:** (check all that apply)  
 Work with Children  Work with Administrative Staff  Other (explain) \_\_\_\_\_

**How did you learn about the program?**  
 Media: \_\_\_\_\_  Referral: \_\_\_\_\_  Others: \_\_\_\_\_

**Medical or Other Limitations:**  
I \_\_\_\_\_, understand that Fresno EOC Head Start 0 to 5 does not carry medical or auto insurance covering volunteers. I am in good physical health, and to my knowledge, have no communicable disease. I have proof of Immunizations as required by the state of California Community Care Licensing and have the results of a test for tuberculosis performed not more than one year prior to, or seven days after initial presence in the center. I understand that as a volunteer I will be required to complete orientation". I certify, by my signature, that all the information above is true and correct.

\_\_\_\_\_  
Signature Date FE/VS Coordinator Date  
Family Engagement/Volunteer Services Staff

#### FOR OFFICE USE ONLY

Assigned Center: \_\_\_\_\_ Date Started: \_\_\_\_\_  
Assigned Supervisor: \_\_\_\_\_ Date Finished: \_\_\_\_\_

<input type="checkbox"/> <b>COMMUNITY VOLUNTEER</b> _____	<input type="checkbox"/> <b>HIGH SCHOOL</b> _____	<input type="checkbox"/> <b>COLLEGE</b> _____
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### Volunteer Immunization Requirements

<b>Volunteer Name:</b>		<b>Volunteer DOB:</b>		<b>Date:</b>
<b>Child Name:</b> (If applicable)		<b>Child DOB:</b>	<b>Site:</b>	<b>Teacher/TD/CD:</b>

#### HEALTH & SAFETY CODE 1596.7995

Fresno Economic Opportunities Commission Head Start 0 to 5 is required to have staff and all center base volunteers immunized in accordance to Health and Safety Code 1596.7995. Every volunteer must provide proof of immunization before entering the classroom unless they meet the exception criteria as listed in Health and Safety Code 1596.7995 (b) 1, 2, & 3. Evidence is required for a current tuberculosis clearance that indicates freedom from infectious tuberculosis - Title 22 12125.

(b) A person is exempt from the requirements of this section only under any of the following circumstances:

(1) The person submits a written statement from a licensed physician declaring that because of the person's physical condition or medical circumstances, immunization is not safe. (Exemption 1)

(2) The person submits a written statement from a licensed physician providing that the person has evidence of current immunity to the diseases described in subdivision (a). (Exemption 2)

(3) The person submits a written declaration that he or she has declined the influenza vaccination. **This exemption applies only to the influenza vaccine.** (Exemption 3)

(c) The day care center shall maintain documentation of the required immunizations or exemptions from immunization, as set forth in this section, in the person's personnel record file that is maintained by the day care center.

#### CHECK THE BOX INDICATING VERIFICATION OF THE REQUIREMENTS

TB	MEASLES	PERTUSSIS $\geq$ 11 years	INFLUENZA	COVID
<input type="checkbox"/> TB-Negative Result <input type="checkbox"/> Quantiferon-Neg. <input type="checkbox"/> CXR Date Given:	<input type="checkbox"/> Immunization Record <input type="checkbox"/> Written Statement-Exemption 1, 2 Date Given:	<input type="checkbox"/> Immunization Record <input type="checkbox"/> Written Statement-Exemption 1, 2 Date Given:	<input type="checkbox"/> Immunization Record <input type="checkbox"/> Written Statement-Exemption 1, 2, or 3 Date Given:	<input type="checkbox"/> Immunization Record <input type="checkbox"/> Religious Exemption <input type="checkbox"/> Medical Exemption Date: 1 <sup>st</sup> :                      2 <sup>nd</sup> : Booster:

**(\*All five boxes must be checked before staff signs and verifies)**

All applicable documents verifying required immunizations are attached and will be filed with designated volunteer file located at the appropriate site. Volunteer is cleared to start classroom hours.

**RN Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**HS: Form to be filed in Section II #20**  
**EHS: Form will be filed with their Parent Volunteer File**



### VOLUNTEER EMERGENCY INFORMATION

Volunteer's Name: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Last 4 digit SS#: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Emergency Name/Phone Number: \_\_\_\_\_

Additional persons who may be called in case of an emergency: \_\_\_\_\_

Physician to be called in emergency: \_\_\_\_\_

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

Medi-Cal Number: \_\_\_\_\_ Medical Insurance: \_\_\_\_\_

Insurance Number and Group Number: \_\_\_\_\_

Allergies or other medical limitations: \_\_\_\_\_

With my signature, I acknowledge that I have received the information on:

1.) Harassment and discrimination

2.) Safety: Pesticide

\_\_\_\_\_  
Signature Date

#### Place Proof of Immunizations Here

#### FOR OFFICE USE ONLY

TB: \_\_\_\_\_ Immunization Record: MMR \_\_\_\_\_ Tdap: \_\_\_\_\_ Flu: \_\_\_\_\_ COVID-19 \_\_\_\_\_



Early Care & Education

**VOLUNTEER STATEMENT OF CONFIDENTIALITY AND ETHICS**

I agree that I will hold in confidence all personal and private information concerning all Head Start 0 to 5 children, families and staff. I will hold this information in confidence while I am associated with Head Start 0 to 5 and/or after I terminate my participation with Head Start.

- 1. I will not disclose confidential information without prior authorization. Confidential information shall include but not be limited to family/child files, staff meetings, home visits, etc.
2. I will not misuse or disclose, without authority, any confidential information not otherwise available to persons or firms outside Fresno EOC.
3. I will not share confidential information regarding children, families and staff. I will discuss a child's case only in general terms for academic or instructional purposes.
4. I will not disclose any information about Head Start 0 to 5 employees that I learn from their private files, records, or private conferences or conversation with them.
5. I will not make, keep, or remove, any written information from any Head Start 0 to 5 Center or Home Base Satellite office.
6. I will not disclose any personal and private information about applicants for jobs with the Head Start 0 to 5 program that I learn from their application form, personal references, or their employment interview.
7. I will conduct myself in a manner befitting my status as a Head Start 0 to 5 parent/volunteer. I will refrain from actions or public announcements that reflect adversely upon the families or communities, which I represent. I shall exercise prudence and discretion in regard to all official agency business.
8. I will not behave rudely or unprofessionally towards children, families and staff, or anyone affiliated with Head Start 0 to 5.
9. I will not be discourteous or disrespectful to children, families and staff, or any member of the community while in my role of representative/volunteer and in scope of agency business.
10. When volunteering, I will not wear clothes that are revealing and/or have logos or suggestive images. I will wear business casual clothing. (Fresno EOC Personnel Policies and Procedures Manual, Policy #1170 "Dress and Grooming Standards".)
11. I will support and promote the Head Start 0 to 5 program in the community.

I have read, reviewed and understood the contents contained herein. I agree to conduct myself in accordance with the above Volunteer Statement of Confidentiality and Ethics.

Print Name

Signature

Form reviewed with parent by

Date

Date

**Volunteer Statement of Confidentiality and Ethics**