

**RAINBOW RIDERS CHILDCARE CENTER**

307 N. Knollwood Dr. 2308 Merrimac Rd 1800 Research Center Dr.

540-951-3636 540-808-9700 540-552-3636

Blacksburg, VA 24060

[www.rainbow-riders.org](http://www.rainbow-riders.org)

Volunteer Registration Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Emergency Contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Thank you for volunteering to spend time with the children enrolled in our program. We look forward to having you build relationships with our children and staff. Your primary responsibility as volunteer is to play, read, and interact with the children. The following expectations are mandated by state licensing, by Rainbow Riders and by St. Michael Lutheran Church for volunteers in the program.

* Interactions and communications with children must be kind, respectful and positive. Only the teachers should handle discipline issues. If you observe something that happens, please let a teacher know.
* Volunteers are not allowed to be alone with the children. This includes coming inside for diapering or a drink.
* Volunteers should be friendly to parents but are not to report information regarding children’s behavior or any negative information. Please do not share information to others about our children, families or teachers. This includes to other families with children enrolled in the program.
* Volunteers as well as all staff must wash their hands when first joining the group of children. Always follow the proper procedures posted by every sink. Please wash your hands before preparing food, after using the bathroom, wiping a nose, and whenever your hands have been in contact with potentially harmful germs. If helping teachers to prepare for snack, always follow the procedures of cleaning and sanitizing the table.
* If a child is hurt, please help the child and let them see a teacher to check them over. Volunteers are never to handle blood, medication, or first aid supplies. Diapering and toileting should be left up to teachers.
* Volunteers are asked to follow the center’s illness policies such that volunteers refrain from attending if they have a fever, diarrhea, vomiting, unknown rashes, lice or diagnosed communicable disease.
* Cell phones are not permitted while in the classroom. Please leave any personal belongings in the community room across the hall.
* Volunteers agree to complete a simple background check. The background check will be conducted at no cost to the volunteer.
* Volunteers agree to abide by the following confidentiality policy.

**Confidentiality**

*This Confidentiality Policy has been adopted to ensure confidentiality and protection of individual rights of privacy for children, families, and employees of Rainbow Riders. The individual dignity of children, families, and employees shall be respected and protected at all times in accordance with all applicable laws.*

*Information about children, families, or employees must not be divulged to anyone other than persons who are authorized to receive such information. This policy extends to both internal and external disclosure of information.*

*A volunteer’s responsibility to maintain confidentiality regarding information learned about, children, their parents/guardians, families and other employees extends 24 hours per day, 7 days per week regardless of how or where the information was attained. Volunteers must be diligent in their efforts to maintain confidentiality, and should be aware that there is the potential for civil liability against the individual volunteer and the agency.*

We appreciate your willingness to spend time in our program and to enhance the experiences of the children.

I have read the expectations and agree to follow them.

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Name

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Signature Date