

ADVENTURE-LIFE PRESCHOOL

SUBSTITUTE / VOLUNTEER FORM

Date: _____

Name: _____ **Class:** _____

- I.** I am, to the best of my knowledge, in good health and free of any communicable disease or other health concern that could pose a threat to the health, safety, or well-being of the children.

- II.** I have not been convicted of any law in any state or have any record of founded child abuse or dependent adult abuse in any state.

Signature of Substitute / Volunteer

Signature of Staff

If you are interested in substitute teaching or volunteering in the classroom please read the mandatory reporting sheet and sign below. When a volunteer or substitute is included in the staff ratio count, the center shall have the volunteer or substitute also complete the record check form, and sign the following statement, as well as the two above.

- I have been informed of my responsibilities as a mandatory reporter.

Signature of Substitute / Volunteer