



1720 Bishop St., San Luis Obispo, CA 93401 \* (805) 544-0801
email info@childrensresource.org \* www.childrensresource.org

Table with 1 column and 4 rows: OFFICIAL USE ONLY, Start date, Classroom/area, Schedule, Last day

STUDENT INTERN or VOLUNTEER APPLICATION

Circle one: STUDENT INTERN VOLUNTEER

DATE: SOCIAL SECURITY NUMBER: E-MAIL:

NAME: Last First Middle Initial

ADDRESS:

TELEPHONE #: (HOME) (WORK)

How did you hear about our program?

I affirm that I am in good health:

Your signature

Do you have any physical condition we should be aware of? Yes/No If yes, explain:

Have you had a T.B. test within the past 6 months? Have you visited a third world country in the past 6 months? If you do not have a current T.B. test or you visited a third world country within the past 6 months, are you willing to have a current T.B. test prior to your first day at the Center?

Have you ever been convicted of any offense, other than minor traffic violations? Yes/No (You are not required to report incidents or judicial proceedings prior to your 18th birthday.) If yes, please explain:

EXPERIENCE: Please list any related employment/volunteer experience (especially with children):

Business/Organization: Supervisor/Contact:

Dates: from: to Position:

Address Phone #

Job Description:

Business/Organization: Supervisor/Contact:

Dates: from: to Position:

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EXPERIENCE:

Current license/certificates/membership in professional organizations:

Special skills/hobbies, etc:

Do you speak any foreign language fluently? YES NO What language?

EDUCATION: Number of years of high school completed (circle one): 1 2 3 4

Table with 5 columns: SCHOOL, NAME/ADDRESS, COURSE OF STUDY, YEARS ATTENDED, DEGREE. Rows include College/University, Business or technical, and Other.

CURRENTLY ATTENDING

College/University: Major:

Years attended: from to Total Units: Total ECE Units:

Advisor's Name: Advisor's Title:

Advisor's Phone Number:

EMERGENCY INFO:

In case of emergency, please call Name Relationship Phone Number

I hereby certify that all statements on this application are true and complete to the best of my knowledge and belief. I understand that any falsification of this record may be considered cause of termination.

Signature Date



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**STATEMENT ACKNOWLEDGING REQUIREMENTS TO REPORT SUSPECTED CHILD ABUSE**

**Name:** \_\_\_\_\_ **Facility:** Child Development Resource Center  
**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Position:** \_\_\_\_\_

**The Child Abuse Reporting Law (Penal Code, Section 11166)** requires any child care custodian, health practitioner, employee of a child protective agency, who has knowledge of or observes a child in his/her professional capacity or within a scope of his/her employment, whom he/she knows or reasonably suspects has been the victim of child abuse, to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send written report thereof within 36 hours of receiving the information concerning the incident.

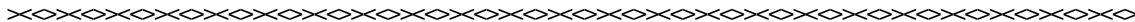
“Child Care Custodian” includes: licensees, administrators and employees of licensed community care or child day care facilities, foster parents, group home personnel and personnel of residential care facilities.

As a volunteer or intern at the San Luis Obispo Child Development Center, you are not a legally mandated reporter, however, we require you to report suspected child abuse or neglect immediately to your supervisor. Please note the information on child abuse that is included in your handbook.

*I have read and understand that as a volunteer or intern I am to report suspected child abuse or neglect to my supervisor immediately.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**DRUG FREE WORK PLACE**

**Drug Free Work Place:** The San Luis Obispo Child Development Center policy is to maintain a “drug-free” workplace in compliance with the requirements of the Drug-Free Workplace Act of 1990 (Government Code Section 8350 et. Seq.). The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited [8355(a)].

The Center’s Personnel Policy (Selection 12.5) prohibits the use, possession, or transfer of any intoxicants, controlled substances, alcohol, or related paraphernalia in any manner during work hours, while on the job or while on San Luis Obispo Child Development Property. The Personnel Policy also prohibits smoking (Section 12.6) on Center premises or at Center Activities.

The center recognizes the dangers of drug abuse in the workplace and it is our policy to maintain our organization as a “drug-free” workplace.

Any employee who has a drug/alcohol problem may contact the Center’s Executive Director for a referral to counseling and programs available in the community. Available program contact numbers are also posted in our staff area.

*I understand the above statements apply to volunteer/interns and agree to the conditions therein stated.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date