



DISTRICT OF COLUMBIA  
OFFICE OF THE STATE SUPERINTENDENT OF

# EDUCATION

## VOLUNTEER APPOINTMENT OR SEPARATION NOTIFICATION

*Pursuant to Title 5A of the DCMR, Chapter 1, 131.4, this form must be completed and sent to the Division of Early Learning, Licensing and Compliance Unit for each volunteer whose activities involve the care or supervision of children at a facility or unsupervised access to children who are cared for or supervised at a facility.*

\_\_\_\_\_  
Name of Facility

\_\_\_\_\_  
Director/Provider

### **VOLUNTEER:**

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

Date of Birth: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

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

Title of Position: \_\_\_\_\_

Date Appointed: \_\_\_\_\_

Brief Description of Duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Check each item below and attach all supporting documentation for each.**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Completed criminal background history check (Fieldprint)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Completed child protection registry check (CPR)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Health certificates

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title of Employer/Designee

\_\_\_\_\_  
Date