



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