Foundations Preschool
of Washtenaw County

Volunteer Application

Personal Information (All fields are required)

Full Name

Date of Birth

Address

Primary Phone

Email Address

Emergency Contact Name

Relationship

Phone

Do you have any health conditions or allergies we should be aware of:

Interest Areas:

Please describe any skills, talents, or past experiences that you feel would be relevant:

Availability

How often would you like to volunteer?

What days of the week and times are you available to volunteer?

Background Information

Have you ever been convicted of a misdemeanor or felony?

Yes No If yes, plese explain:

Are there any criminal charges pending against you?

Yes No If yes, plese explain:

Disclaimer: *These questions are mandated by the State of Michigan for all organizations working with children, in compliance with state regulations. No applicant will be denied the opportunity to volunteer solely on the grounds that they have been charged with, committed, or convicted of a criminal offense based only on their disclosure above.*

Releases & Agreements

Photo Release Statement

I give permission for Foundations Preschool of Washtenaw County to use photographs, video, or audio recordings taken of me while volunteering for program purposes, including but not limited to newsletters, displays, social media, and promotional materials.

Yes, I do give permission No, I do not give permission

Confidentiality Agreement

I understand that while volunteering with Foundations Preschool of Washtenaw County, I may learn personal or sensitive information about children and their families. I agree to keep all such information strictly confidential and will not share it outside the program setting. I acknowledge that protecting the privacy and dignity of children and families is a core expectation of my role as a volunteer.

Yes, I understand No, I do not understand

Supervision Statement of Understanding

I understand that as a volunteer, I will never be left alone with children and will remain under the supervision of qualified staff at all times. I agree to follow all program policies and procedures related to child safety, supervision, and conduct.

Yes, I understand No, I do not understand

Signature Date