EES GOOD HEALTH STATEMENT

Name of Volunteer

Parent/Guardian (If volunteer is a minor)

The above named volunteer is currently in good health to the best of my/our knowledge and can assist in the tasks necessary for assistance in the childcare setting. I/We understand that I, the volunteer, need to provide proof of a negative TB test prior to volunteering. It is my responsibility to pay for a TB test not EES’s. If I have a current TB test I understand that it is my responsibility to bring in a copy to the EES site director.

The volunteer understands the following:

1. Volunteers are not to be left alone with children at any time.
2. Volunteers must adhere to the break schedule given

By signing below, the volunteer, and their guardian if applicable, understand the above guidelines and agree to follow them.

Volunteer Signature ___________________ Date ________

Parent/Guardian Signature ___________________ Date ________

Home # ___________________ Cell# __________