



VOLUNTEER CHECKLIST

October 2026

Name: _____

Program: _____

Start Date: _____

Volunteer Times: _____

Contact Phone Number: _____

Checklist for File: (Center Supervisor collect the following):

- ☐ Statement of Good Health
- ☐ Current T.B. Test (within the year)
- ☐ Proof of Pertussis (within 10 years)
- ☐ Proof of Measles immunization or proof of immunity
- ☐ Proof of Flu shot or declination flu form
- ☐ Emergency Information
- ☐ Guidelines for Aides, Assistants, Volunteers and Substitutes (not applicable to Specialist)
- ☐ Permission to Release Information (Specialist working with individual children)
- ☐ Personal Rights
- ☐ Name has been checked on the California Megan's Law website
- ☐ Current Fingerprint Clearance & association to volunteer site
(For non-relative volunteers volunteering more than 16 hours per week)
- ☐ Other: _____

Any Restrictions/Accommodation needed: _____

Center Supervisor: _____ **Date:** _____

Manager: _____ **Date:** _____

Guidelines:

1. May not start until all above forms are in.
2. Coordinate start date between Center Supervisor & Volunteer.
3. All original forms listed above are on file with the Manager.
4. Volunteers must sign in/out daily.

For Office use only:

Name checked through Meghan's Law Website: Manager's Initial & Date _____