



Maxfield Park Children's Home
89 Maxfield Avenue
Kingston 13
Tel: (876) 926-7831/(876) 929 3677
Email: mpch123@cwjamaica.com/mpchja@gmail.com

VOLUNTEER CONSENT FORM

Name: _____

Address: _____

D.O.B: _____ Tel No: _____

Place of Employment: _____

Address: _____

Supervisor's Name: _____ Telephone: _____

Email: _____

Name of Educational Institution you are currently attending (if you are a student):

Highest Level of Education: _____

Are you Immunized?: Yes No

Measles _____ Tuberculosis _____ Yellow Fever _____ Chickenpox _____

Do you have any serious health issues and/or allergies?:: Yes No

If Yes Please Explain?:

Name of Next of Kin: _____

Relationship: _____ **Tel .No.:** _____

Address _____

Character References:

- 1. Name: _____
Address: _____
Tel. No.: _____ Email: _____
- 2. Name: _____
Address: _____
Tel. No.: _____ Email: _____
- 3. Name: _____
Address: _____
Tel. No.: _____ Email: _____

Have you ever been arrested or convicted?: Yes No

If Yes please give details

Have you done volunteer work in the past?: Yes No

If yes please give details

Preferred age group/population to work with:

- | | | | |
|----------------------|-------|---------------|-------|
| 0 – 18 months | _____ | 6 - 11 years | _____ |
| 18 – 36 months | _____ | 11 - 14 years | _____ |
| 36 months to 3 years | _____ | 14+ years | _____ |
| 3 – 6 years | _____ | Special Needs | _____ |

Skills Areas:

Library	___	Classroom	___	IT	___
Mathematics	___	Sciences	___	Physical Education	___
Gardening	___	Cooking	___	Electronics	___
Fundraising	___	Psychology	___	Medical Services	___
Reading	___	Construction	___	Arts	___
Home Work Supervision	___				

Times available for volunteering.

Please note that if you wish to work directly with children we require a commitment of six months.

How many days per week?: _____

How many hours per day?: _____

Please present a passport size photograph along with a government issued identification with the completed application form.

I hereby certify that the information given above is true.

Name of Volunteer

Signature of Volunteer

Date

FOR OFFICIAL USE ONLY:

Approved: _____

Not Approved: _____

If not approved, reason _____

Time Allotted: _____

Period: _____

Child Care Coordinator: _____

Signature

Date