



Family Resource Center Volunteer Acknowledgement and Consent

Today's Date: _____

I, _____, have been informed and understand that FIRST 5 Santa Clara County may share confidential information about me with other persons or agencies that work with FIRST 5 to plan and provide services to my family.

Participating agencies working with FIRST 5 to plan and provide services may include, but are not limited to: medical providers, the Department of Mental Health, the Public Health Department, the Social Services Agency, Pre-school and Head Start Programs, the Regional Center, early education providers and other providers of early childhood services.

Each agency will only release or exchange confidential information or records to other participating agencies when the information may be relevant to the services to be provided or for evaluation purposes as explained below.

I understand that FIRST 5 is required to conduct evaluations of the services they provide to me. This requires collecting and analyzing information and data that may include confidential information about me. I understand that this information will help improve services to families and that no confidential information will be included in any public report.

FIRST 5 requires my permission to collect and analyze confidential information for evaluation purposes. Such information may be shared with FIRST 5 evaluators, partners and providers of early childhood services. Each agency understands that they must maintain the confidentiality of such information and can further disclose such information only as required by law or as authorized by a written consent to release the information. There are minimal risks to me from sharing this information.

I give my permission to FIRST 5 and its evaluators and partners to collect and analyze my personal information for program evaluation purposes.

I understand that if I choose not to sign this Acknowledgment and Consent, I will still receive services and for that purpose my name and address will be entered into the FIRST 5 database and will be available to the administrator of the database.

I also understand that I may cancel this consent at any time by writing to the Research and Evaluation Department, FIRST 5 Santa Clara County, 4000 Moorpark Avenue, Suite 200, San Jose, CA 95117. Cancellation of my permission will not affect any information that has already been collected.

I have read this form, or it has been fully explained to me, and I understand the provisions. *This consent shall remain in effect for 10 years.*

Volunteer:

Print Name

Signature

FRC Staff Person:

Print Name

FRC Name



FRC Volunteer Intake Form

Date completed: Month ____ Day ____ Year ____

First name: _____ Middle name: _____ Last name: _____
Example: Monica Patricia Herrera-Lopez

Date of Birth: Month ____ Day ____ Year ____ Phone: _____ Email: _____

Mailing Address: _____ City _____ Zip Code: _____

Gender identity: Male Female

Race/ethnicity (Check only one)

- Hispanic/Latino
- Southeast Asian (e.g., Thai, Cambodian)
- Black/African Descent
- Non-Hispanic White
- South Asian (e.g., Indian, Pakistani)
- American Indian/Alaskan Native
- Vietnamese
- East Asian (e.g., Japanese, Korean, Chinese)
- Two or more races
- Filipino
- Native Hawaiian/Other Pacific Islander
- Other: _____

Primary language (Check only one)

- English
- Mandarin
- Other: _____
- Spanish
- Cantonese
- Vietnamese
- Other East Asian language (e.g., Japanese, Korean)
- Tagalog
- South Asian language (e.g. Hindi, Punjabi, Telugu)

Insurance (check one only): No insurance Medi-Cal Private insurance purchased or through employer

General Information

1. Have you participated in FRC activities, such as a workshop, in the past?
 Yes No Declined to state
2. Number of adults who live with you, not including yourself: _____
3. How many children do you have? Ages 0-2 _____ Ages 3-5 _____ Ages 6 -17 _____ Ages 18 and older _____
4. Are you 50 years of age or older?
 Yes No Declined to state
5. What is the highest grade of schooling that you have completed? (Check one only)
 - Less than a high school diploma
 - Bachelor's degree
 - High school diploma or General Education Development (GED)
 - Master's degree or higher
 - Some college
 - Technical/Trade school
 - Associate degree
 - Other (please specify) _____
 - Decline to state
6. Which is closest to your family's most recent total income last year? (Check one only)
 - \$5,000 or less
 - \$5,001 – \$10,000
 - \$10,001 – \$20,000
 - \$20,001 – \$30,000
 - \$30,001 – \$40,000
 - \$40,001 – \$50,000
 - \$50,001 - \$60,000
 - \$60,001 - \$70,000
 - \$70,001 and above
 - Unknown/Decline to state

7. What is your current employment status? (Check one only)

- Full-time Unemployed, seeking employment Other (seasonal/retired)
 Part-time Unemployed, not seeking employment Decline to state

8. How did you become involved as a Volunteer?

- FIRST 5 Community Worker asked me to join Friend/family Referral FRC Parent Participant
 Flier or poster Website Walk-in/self

9. Are you currently a volunteer for another program in the community?

- Yes No Declined to state

10. Approximately, how often are you interested in volunteering?

- 1-5 hours per month
 1-5 hours per week
 5-10 hours per week
 10-20 hours per week
 More than 20 hours per week
 Special events only
 Other: (please specify) _____

11. The following are general activities within our organization. Please check the boxes if you are interested in participating, and indicate your level of experience with that activity, and describe your experience in the right-most column.

Activity	I would like to participate in this activity	Beginner or Intermediate Experience	Advanced Experience	If applicable, please describe your experience below
No Preference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arts and Crafts (General)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sculpting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arts - Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cultural heritage activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teaching computer skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooking activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Event Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gardening activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Music activities (General)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Singing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Playing instrument: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Music (Other): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Organizational support (filing, data entry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Science activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Storytelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teaching English language courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership activities (e.g. leading parent workshops)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

12. If you have any particular interests or talents that you would like to bring to our families and children that is not listed above, list them below. Please include your level of experience (beginner, immediate, or advanced) for that activity.