



GOOD HEALTH STATEMENT

\_\_\_\_\_  
Volunteer Name

\_\_\_\_\_  
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 take a TB test prior to volunteering. It is my responsibility to pay for a TB test not the YWCA's. If I have a current TB test I understand that it is my responsibility to bring in a copy to the YWCA site director.

The volunteer understands the following:

1. Volunteers are not to be left alone with children at any time.
2. Volunteers are not to be given the responsibility of Aide, Teacher, or Director.
3. Volunteers can only assist in childcare under the supervision of YWCA staff.

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#