**Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Review- initial in right-hand column upon review of the following** | **Volunteer Initial** |
| NMCAA Mission Statement/Head Start Vision Statement/NMCAA Program Philosophy |  |
| NMCAA Cornerstones of Culture |  |
| Mandated Reporters’ Resource Guide and watch video [www.youtube.com/watch?v=qFrtr6ybHH8](http://www.youtube.com/watch?v=qFrtr6ybHH8) |  |
| NMCAA Head Start/GSRP Guidance Policy |  |
| Social Media Guidance |  |
| Review the online training materials and videos located at [www.nmcaacc.com/active-supervision.html](http://www.nmcaacc.com/active-supervision.html)After reviewing/watching each document/video add your initials next to the title.**VIDEOS DOCUMENTS** \_\_\_\_\_ Active Supervision Presentation \_\_\_\_\_ Active Supervision at a Glance\_\_\_\_\_ Designing Environments \_\_\_\_\_ Active Supervision Poster\_\_\_\_\_ Classroom Transitions \_\_\_\_\_ Active Supervision Implementation Plan \_\_\_\_\_ What’s the Count? \_\_\_\_\_ Zoning to Maximize Learning\_\_\_\_\_ Positioning - Where do I stand? |  |
| Review and initial all safety postings and procedures  |  |
|  |  |
| **Review and Submit** |  |
| Personnel Information form |  |
| Staff and Volunteer Mandated Reporting Policy |  |
| Confidentiality Statement |  |
| Code of Conduct |  |
| Collaborative Center Whistleblower Policy |  |
| Collaborative Center Vaccine (COVID-19) and Masking signature page (including date of completion) |  |
|  |  |
| **KEEP ON FILE AT CENTER** | **Date complete** |
| TB Test |  |
| PSOR(Police Sex Offender Registry) search results |  |

The above forms, policies, procedures and program requirements have been reviewed with me.

**Volunteer Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I reviewed all of the policies and procedures listed above with this volunteer.

**Collaborative Center Supervisor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_