

Martha's Table

Hi Volunteers,

Thank you for your interest in volunteering with our Children's Programs! To volunteer with our Children's Programs there is a certain amount of paperwork that needs to be completed. Please understand this is in regulation with OSSE's requirements and must be completed in order to begin volunteering in our Education Programs.

For People 18 years or Older:

- OSSE's Staff Health Certificate filled out by your Doctor **OR** a copy of a physical examination, with a negative TB test, from the last year.
 - You can find a copy of the form on volunteer hub, under the education tab.
- Child Protection Register Check (CPR Check)
 - Form is provided by Martha's Table but must be notarized and *the original* must be **mailed** to the address listed on the form.
 - Please follow up with CPR to make sure they have received your application.
- Division of Early Learning Licensing and Compliance Unit form filled out and sent to volunteer@marthastable.com.
 - You only need to fill out the top part of the form, where it says "Staff Member"
- A criminal background check
 - This can be obtained at the Police Headquarters 300 Indiana Ave NW for \$7

For People under 18:

- Copy of OSSE's Staff Health Certificate filled out by your doctor **OR** a copy of a physical examination, with a negative TB test, from the last year.
 - If you are not in possession of your current TB information, you can be screened at any CVS with a MinuteClinic for \$27. For more information, visit:
 - <http://www.minuteclinic.com/services/wellnessandprevention/tuberculosisistesting/> (must be able to return to clinic 48 hours after test to have results confirmed)

Please also remember to dress comfortably and wear closed toed shoes. Thank you! If you have any questions or concerns, please contact **Anna Hartman** at 202.328.6608 or e-mail her at ahartman@marthastable.org.

DOCTOR NEEDS TO FILL OUT



Office of the



State Superintendent of Education

STAFF HEALTH CERTIFICATE

Name: _____

Sex: Male Female

Date of Birth: _____

Telephone No: _____

Address: _____

I have examined the above-named person and certify that he/she is:

- Free from disease in communicable form.
- Appears to be in satisfactory physical and mental health condition, capable of doing physical household tasks, supervise and give care to adults.

In addition to a general physical health examination, the following tests have been done:

Tuberculin test (Check One): Tine PPD

Date: _____ Result: _____

Chest X-Ray: Date: _____ Result _____

Remarks: _____

Signature of Examining Physician/Nurse Practitioner

MD/NP

Date of Examination: _____

Address

Telephone No.: _____
(Area Code)



DIVISION OF EARLY LEARNING
Licensing and Compliance Unit

PHONE: (202) 727-1839 • FAX: (202) 741-5304

MAILING ADDRESS: 810 FIRST STREET, NE • 4th FLOOR • WASHINGTON DC 20002

**CHILD CARE EMPLOYEE APPOINTMENT, PROMOTION OR SEPARATION
 NOTIFICATION**

Pursuant to Title 29 of the District of Columbia Municipal Regulations, Chapter 3, Child Development Facilities § 327.1, this form must be completed and sent to the Division of Early Childhood Education, Child Care Licensing Unit for each newly hired (appointed) staff, staff promotion or separation in your facility.

Martha's Table 2114 14th St. NW
Washington D.C.
Name and Address of Facility

Simone Johnson: Child Development Center
Timothy Jones: Elementary to Career
Director

STAFF MEMBER:

Name: _____
 Date of Birth: _____ Telephone: _____
 Home Address: _____
 Title of Position: Volunteer Date Appointed: N/A
 Brief Description of Duties: Assisting Education Program w/ various duties
as assigned

EDUCATION (High School Diploma, GED and College Degree):

High School:	_____	_____
	<small>Name and Address</small>	<small>Date Attended</small>
GED:	_____	_____
	<small>Name of Educational Institution</small>	<small>Date Received</small>
College:	_____	_____
	<small>Name and Address</small>	<small>Date Attended</small>
Degree:	_____	_____
	<small>Name of Degree</small>	<small>Date Received</small>

SPECIAL TRAINING (specify): _____

EXPERIENCE: _____

STAFF CHANGES: Date: _____ Promotion Termination

Termination Reason: _____

Signature of Employee Signature and Title of Employer/Designee Date