



**JEFFERSON AVENUE CHILDHOOD DEVELOPMENT CENTER**  
**793 JEFFERSON AVENUE**  
**ROCHESTER, NY 14611**  
**(585) 436-0454 (tel)**  
**(585) 529-5713 (fax)**

**NOTICE TO SUBSTITUTE AND VOLUNTEER APPLICANTS**

All offers of substitute and volunteer positions with the Jefferson Avenue Childhood Development Center are contingent upon meeting the following requirements and be willing to attend orientation and additional trainings as listed. New York State Office of Children and Family Services expect that all substitutes and volunteers meet the same requirements as listed below. However, there are exceptions for one time or short term projects that are not directly related to the children.

This **entire** application must be completed.

1. Pass a complete physical exam and TB test
2. Complete fingerprinting process – 259 Monroe Ave, 3<sup>rd</sup> floor
3. Complete the New York State Central Register Clearance Form and center must receive the report
4. Submit at least 3 written personal references, other than relatives, who can attest to your character, habits and personal qualification in regards to your experience in early childhood education. Addressed to the Center listing the persons name/address/phone number and years that they have known you.
5. Submit an employer verification/reference from a prior employer
6. Submit an updated resume
7. Submit official college transcripts
8. Have you ever substituted or volunteered for an accredited Center before?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

I acknowledge that the above listed requirements are conditions of JACDC and agree to complete these requirements before expectancy of an assignment with JACDC.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Activities: Civic, Athletic, Hobbies etc.

**FORMER EMPLOYERS (List below last four employers starting with last one first)**

Date Month & Year From To	Name and Address of Employer	Salary	Position	Reason for Leaving

Do you have transportation to and from work? Yes \_\_\_\_\_ No \_\_\_\_\_

**REFERENCES:** Give below the names of three persons not related to you, whom you have known at least one year. This request is in addition to the (3) written character references.

<u>Name</u>	<u>Address</u>	<u>Business</u>	<u>Yrs. Known</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**PHYSICAL RECORD** Do you have any health problems that would interfere with your ability to perform the job for which you have applied? If, yes please explain. \_\_\_\_\_

**General Health:** Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_

Have you ever been convicted of a crime, excluding traffic offenses? Yes \_\_\_ No \_\_\_ If yes, describe in full \_\_\_\_\_

**I declare that the above statements are true to the best of my knowledge and belief and permission is given to contact references.**

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

**Do not write below this line**

Remarks by interviewer  
\_\_\_\_\_  
\_\_\_\_\_

Interviewed and tour Center: \_\_\_\_\_

**EMERGENCY INFORMATION**

Person to notify in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

**SUBSTITUTE AND VOLUNTEER TRAINING REQUIREMENTS**

*\*JACDC Policies and Procedures – Orientation 2-1/2 hours*

*NAEYC Code of Ethics*

*Professionalism, Confidentiality*

*Principles of Early Childhood Development Infant to School-age*

*Transitions*

*Age Appropriate Activities*

*Special Needs (physical, emotional, behavioral)*

*NYS Child Care Regulations*

*Health & Safety*

*Child Abuse and Maltreatment Identification and Prevention*

# JEFFERSON AVENUE CHILDHOOD DEVELOPMENT CENTER

## NOTIFICATION OF CRIMINAL RECORD CHECK REQUIREMENTS

The Jefferson Avenue Childhood Development Center believes that a safe, secure enriched learning and working environment that meets or exceeds national standards should be provided for all students as well as staff.

Further, we believe that employees should be role models for students and should positively represent the Jefferson Avenue Childhood Development Center in the community. These beliefs reflect the principle that anyone who directly has contact with children is placed in a unique position of trust and integrity in this society.

Each employee or new hire **must** submit a City of Rochester Police Department Criminal Record Check in addition to those listed on the cover of the application. This can be obtained through:

City of Rochester Police Department  
Record Check  
Civic Center Plaza  
Rochester, New York 14614

**\*There is a \$15.00 fee which is reimbursable by the Center upon receipt of criminal record.**

I \_\_\_\_\_ duly swear to the best of my knowledge that I do not have other misdemeanors or felony convictions in any other jurisdiction.

I have read this application and information carefully and certify that the information I have given is correct and complete. I understand that the falsification of any statement on this application will constitute grounds for non employment or dismissal.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_