

FIVO Form
(Field-Study/Internship/Volunteer/Observation)

Name _____ Student ID # _____

Address _____

Contact Phone: _____ E-Mail _____

In case of an emergency please, contact _____ Phone _____

Please check one that applies: Field-Study Internship Volunteer Observation

Education Level: Freshman Sophomore Junior Senior Graduate Level

Current Major _____

College/School Name (Program) _____

Will you be using these hours for a class you are currently taking? Yes No

If yes, please explain the requirements you need/want to fulfill:

These hours are required for (please check all that apply):

UTRGV class, if checked please specify what class/professor _____

STC class, if checked please specify what class/professor _____

Organization/Club Hours, if checked please specify what Organization/Club _____

Community Hours

Other - _____

**If you need additional forms to be completed for your completion of hours/assignment by Director, PLEASE bring them with you along with these forms.*

Have you completed a "Texas Criminal Background Check" with the UTRGV Child Development Center?

Yes, when: _____ No

Do you currently hold any of the following? Please submit a copy and check off all that apply.

TB Test- Expiration Date: _____

Food Handlers Card- Expiration Date: _____

First Aid Card - Expiration Date: _____

CPR Card - Expiration: _____

N/A

I authorize the Child Development Center to use my picture or video for publicity, news purposes, or training. Yes No

Expectations:

- Wear clothing is conducive to working with young children and allows staff to support the daily activities. Must ensure your stomach, back, chest, and bottom skin is covered at all times when standing, bending, reaching, and sitting.
- Maintain confidentiality concerning personal activities of children and staff.
- Assist and support the teaching staff in preparing and organizing materials for activities.
- Share housekeeping duties that maintain a safe and healthy environment as assigned.
- Follow example and directions of teachers.
- Cell phones are not allowed when children are present.
- Photographs/videos of children **PROHIBITED**.
- Other duties as assigned.

I have read and understood the above duties and conditions of the FIVO services.

Signature: _____ Date: _____

FIVO Schedule Form

Name _____ Student ID # _____

I would like to complete my hours during the:

- Fall Term
 Spring Term
 Summer I Term
 Summer II Term

Date Requesting to visit the Child Development Center:

Age Group Preference:

- Infants (3 months-17 months)
 Toddlers (18 months-2yrs)
 Preschool (3yrs-5yrs)

Please indicate the times you **ARE AVAILABLE** with a **X**.
 Administrators will choose what hours work best for the CDC based on your availability and will contact you by phone or email as to what your volunteer schedule will be and start date.

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00-9:30					
9:30-10:00					
10:00-10:30					
10:30-11:00					
2:30-3:00					
3:00-3:30					
3:30-4:00					
4:00-4:30					
4:30-5:00					
5:00-5:30					

Signature _____ Date _____

<u>CDC USE ONLY:</u>	APPROVED SCHEDULE
Classroom/Teacher Assigned: _____ Start Date: _____	
Monday _____, Tuesday _____, Wednesday _____, Thursday _____, Friday _____,	
Approved By: _____ Date: _____	