



Childcare Provider

Job Description and Training Requirements

Title: Childcare Provider Volunteer Position

Supervisor: Volunteer Coordinator

Description: To provide childcare for parents who bring their children with them when they have appointments or attend meetings at Dakota Hope Clinic.

Rationale: To allow parent(s) to better concentrate on the purpose of the appointment or meeting. To encourage parents to come to the clinic to participate EWYL, instead of at home – thus providing a more effective educational experience. To eliminate one barrier to making appointments or participation in EWYL.

Qualifications:

1. Exhibit strong interpersonal, communication, and listening skills and a friendly and approachable manner.
2. Solid commitment and dedication to pro-life values.
3. Strong motivation to serve others.
4. Is a practicing Christian and active in a local church.
5. Willing to sign Dakota Hope Clinic personal pledge to live and work in fidelity to the Dakota Hope Statements of Values, Faith Statement, and Commitment of Care and Competence.
6. Ability and commitment to keep information confidential.
7. Pass a criminal background check and have good references.
8. Must be at least 18 years old. Our insurance requires two people always be in the child-care area. One must be at least 18 and the other must be at least 21. No more than 5 children per each care provider.
9. Punctual and dependable.

Training Requirements:

1. Pediatric CPR/First Aid Training – Dakota Hope will provide if needed.
2. Continuing education as required,
3. Bright Course training as required.

Preferred Qualifications:

1. Education and/or experience in caring for young children preferred.

Duties:

1. Have parent sign children in and out and list any allergies the child has.
2. Ask about liquids or snacks the child can have. Parents are encouraged to bring snacks or choose from our supply.
3. Provide safe and loving care for children here at Dakota Hope Clinic.
4. When talking to parents, refer any health related or medical questions to the nurse.

Volunteer Printed Name

Volunteer Signature

Date

Supervisor Printed Name

Supervisor Signature

Date

Supervisor Title