



Volunteer Verification Form

Please have your center director complete and sign this form to verify your volunteer status at a child care center. Once completed, upload a copy and submit it with your online CDA Awards application or mail it to the following address:

Child Care Aware of Minnesota
Attn: CDA
10 River Park Plaza, Suite 820
St. Paul, MN 55107

CDA Award Candidate Name: _____

Candidate's Develop ID Number: _____

How long has the candidate been involved with your program? _____

On average, how many hours a week does the candidate spend in your program? _____

I verify that the candidate named above is currently a volunteer in my program and the information provided is true and correct, to the best of my knowledge.

Center Director Signature

Center Director Printed Name

Program Name

License Number

Phone Number

E-mail Address