

# Opportunity, Inc.

Opportunity Early Childhood Center  
"Helping children & families in need since 1939"



## The Mary Alice Fortin Center

1713 Quail Drive • West Palm Beach • Florida 33409

Phone: 561.712.9221 • Fax: 561.712.9224

Email: [csthilaire@opportunitypb.org](mailto:csthilaire@opportunitypb.org)

[www.opportunitypb.org](http://www.opportunitypb.org)

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**VOLUNTEER NAME:** \_\_\_\_\_

### VOLUNTEER BACKGROUND CHECKLIST

- Request for FDLE Criminal History Information
- Notarized Affidavit of Good Moral Character
- Release of Information – Attachment B
- Volunteer Affidavit
- Volunteer Information Form
- Child Abuse & Neglect Reporting Requirements Acknowledgement
- Guide for Child Abuse & Neglect in Florida
- Check Sex Offender Website



**Opportunity, Inc.**  
**Volunteer Information**

**Name:**

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**Street Address:**

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**City/State/Zip Code:**

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**Home Telephone:**

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**Cellular Telephone:**

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**E-mail:**

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**Emergency Contact:**

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**Volunteers Areas of Interest:**

**Classroom Assistance**

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**Reading**

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**Music**

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**Art**

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**Physical Education**

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**Administrative Assistance**

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**Fund Raising**

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**Other:**

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## CHILD CARE AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_ who, being duly sworn, deposes and says:  
(Applicant's/Employee's Name)

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with \_\_\_\_\_, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by Chapter 435 Florida Statutes in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

	<u>Relating to:</u>
Section 393.135	sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
Section 394.4593	sexual misconduct with certain mental health patients and reporting of such sexual misconduct
Section 415.111	adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
Section 741.28	criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
Section 782.04	murder
Section 782.07	manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
Section 782.071	vehicular homicide
Section 782.09	killing an unborn quick child by injury to the mother
Chapter 784	assault, battery, and culpable negligence, if the offense was a felony
Section 784.011	assault, if the victim of offense was a minor
Section 784.03	battery, if the victim of offense was a minor
Section 787.01	kidnapping
Section 787.02	false imprisonment
Section 787.025	luring or enticing a child
Section 787.04(2)	taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
Section 787.04(3)	carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
Section 790.115(1)	exhibiting firearms or weapons within 1,000 feet of a school
Section 790.115(2) (b)	possessing an electric weapon or device, destructive device, or other weapon on school property
Section 794.011	sexual battery
Former Section 794.041	prohibited acts of persons in familial or custodial authority
Section 794.05	unlawful sexual activity with certain minors
Chapter 796	prostitution
Section 798.02	lewd and lascivious behavior
Chapter 800	lewdness and indecent exposure
Section 806.01	arson
Section 810.02	burglary
Section 810.14	voyeurism, if the offense is a felony
Section 810.145	video voyeurism, if the offense is a felony
Chapter 812	theft and/or robbery and related crimes, if a felony offense
Section 817.563	fraudulent sale of controlled substances, if the offense was a felony
Section 825.102	abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section 825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section 825.103	exploitation of disabled adults or elderly persons, if the offense was a felony
Section 826.04	incest
Section 827.03	child abuse, aggravated child abuse, or neglect of a child
Section 827.04	contributing to the delinquency or dependency of a child
Former Section 827.05	negligent treatment of children
Section 827.071	sexual performance by a child
Section 843.01	resisting arrest with violence
Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature

Section 874.05(1) Chapter 893	encouraging or recruiting another to join a criminal gang drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at \_\_\_\_\_ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: \_\_\_\_\_

**Sign Above OR Below, DO NOT Sign Both Lines**

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

Affiant personally known to notary

OR

Affiant produced identification

Type of identification produced: \_\_\_\_\_



## Child Abuse & Neglect Reporting Requirements

All child care personnel are mandated by law to report their suspicions of child abuse, neglect, or abandonment to the Florida Abuse Hotline in accordance with s. 39.201 of the Florida Statutes (F.S.).

- \* Child care personnel must be alert to the physical and behavioral indicators of child abuse and neglect. "Child Abuse or Neglect" is defined in s. 39.201, F.S., as "harm or threatened harm" to a child's health (mental or physical) or welfare by the acts or omissions by a parent, adult household member, other person responsible for the child's welfare, or for purposes of reporting requirements by any person.

**Categories include:**

- Physical Abuse or Neglect (i.e. unexplained bruises, hunger, lack of supervision...)
- Emotional Abuse or Neglect (i.e. impairment in the ability to function, depression...)
- Sexual Abuse (i.e. withdrawal, excessive crying, physical symptoms...)

- \* Reports must be made immediately to the Florida Abuse Hotline Information System by
  - Telephone at 1-800-96-ABUSE (1-800-962-2873), or
  - Fax at 1-800-914-0004, or
  - Online at <http://www.dcf.state.fl.us/abuse/report/>.
- \* Failure to perform duties of a mandatory reporter pursuant to s. 39.201, F.S. constitutes a violation of the standards in ss. 402.301-319, F.S. and is a felony of the third degree. **Remember**, it is each child care personnel's responsibility to report suspected abuse and/or neglect.
- \* All reports are confidential. However, persons who are mandated reporters (child care personnel) are required to give their name when making a report.
- \* It is important to give as much identifying and factual information as possible when making a report.
- \* Any person, when acting in good faith, is immune from liability in accordance with s. 39.203(1)(a), F.S.
- \* For more information about child abuse and neglect, visit the Department's website at [www.myflorida.com/childcare](http://www.myflorida.com/childcare) and select "Training Requirements." The Department offers a 4-hour *Identifying and Reporting Child Abuse and Neglect* course for child care providers. This course is an overview of the various types of abuse and neglect, indicators that may be observed, the legal responsibility of mandatory reporters, and the proper procedure for reporting abuse and neglect, as required by ss. 402.305(2) and 402.313(1), F.S. The course is offered both online and instructor-based throughout Florida.

This statement is to verify that on \_\_\_\_\_, 20\_\_\_\_, I, \_\_\_\_\_  
Date Print Name of Employee

Read and understood the information and my mandated reporting requirements.

\_\_\_\_\_  
Signature of Employee (for facility or large family child care home)

\_\_\_\_\_  
Signature of Operator





## **CHILD ABUSE AND NEGLECT IN FLORIDA**

### **A GUIDE FOR PROFESSIONALS**

#### **The Law**

Chapter 39, Part II, Florida Statutes, protects children\* from abuse, abandonment or neglect. Section 39.201 provides for a central abuse hotline (1-800-96-ABUSE) in the Department of Children and Families to receive reports of abuse, abandonment or neglect and defines who must report abuse. The law assigns to the Department of Children and Families all responsibility for receiving, investigating and acting upon such reports.

Child abuse is defined as including any non-accidental injury, sexual battery, financial or sexual exploitation or injury to the intellectual or psychological capacity of a child by the parents or other persons responsible for the child's welfare. Child neglect is failure to provide adequate food, clothing, shelter, health care or needed supervision.

People other than the child's parent who may be responsible for a child's welfare include legal guardians, foster, group or nursing home operators, babysitters, family day care home operations or day care workers and public or private institution workers. Abusers may also be other persons living in the home or having access to the child, such as other family members, roommates or persons cohabiting with a child's parent.

#### **Reporting Abuse**

Anyone who knows or has reasonable cause to suspect child abuse, abandonment or neglect is required to report such knowledge or suspicion. Any person failing to report or knowingly preventing another person from reporting child abuse, abandonment or neglect is guilty of a first degree misdemeanor and may be prosecuted. Any person who knowingly makes a false report, or advises another to make a false report, is guilty of a third degree felony. Anyone making a report who is acting in good faith is immune from liability.

The department must consider valid and accept for investigation any report received by the central abuse hotline from a judge, school teacher (or other school official), physicians, nurse or who is acting in his or her professional capacity. Some professionals have additional responsibilities. For example, the law gives law enforcement officers, physicians and persons in charge of hospitals or similar institutions the authority to take a child into protective custody if that child appears to be in imminent danger. Any person taking a child into protective custody must immediately notify the Department of Children and Families. A physician may authorize a radiological examination for a child without the consent of the parents or guardians if he or she has cause to suspect that an injury was the result of child abuse.

In addition, the law directs any required reporter who believes that a child died as a result of child abuse, abandonment or neglect, to report this suspicion to the medical examiner. The medical examiner, in turn, must investigate and report his findings in writing to the local law enforcement agency, state attorney's office and Department of Children and Families.

*\*Children are defined as unmarried persons under the age of 18 years who have not been emancipated by order of the court.*

#### **Immunity from Liability and Confidentiality**

Florida law protects those reporting child abuse in two ways – immunity from liability and confidentiality. Anyone making a report "in good faith" is specifically immune from any civil or criminal charges that might result. The reporter's name will not be released to anyone other than the Department of Children and Families' employees responsible for Child Protective Services or the state attorney without written consent of the person reporting.

Reporters in the occupational categories in Section 39.201(1) are required to provide their names to the hotline staff when reporting abuse, abandonment or neglect. The names of these reporters shall be entered into the record of the report, but shall be held confidential. In addition, the

professional is encouraged to inform the family that he or she is obligated by law to make a report and to stress continuing support and concern for the entire family.

### **Privileged Communication**

In matters of abuse, abandonment or neglect, Florida law does not recognize the privileged quality of communication between husband and wife, or any professional person and his or her patient or client. The law holds that privileged communication may not constitute grounds for failure to cooperate with the Department of Children and Families or to give evidence in judicial proceedings. The exceptions to this are communication between an attorney and a client directly involved with the court as the result of an abuse/neglect report, and communication between a clergyman and a counselee.

### **When to Report Suspected Abuse or Neglect**

The most readily identified form of abuse is **physical abuse**. Injury may be the result of a single episode or may occur repeatedly. It can range in severity from minor to fatal.

Nevertheless, identifying physical abuse is complicated by the wide acceptance of corporal punishment in our society. The following guidelines are given to help the professional decide if a given incident of corporal punishment constitutes abuse.

- Any injury requiring medical treatment is outside the range of normal discipline.
- One bruise may be inflicted inadvertently; however, old and new bruises on the face or bruises on a child less than one year of age suggest abuse.
- Any punishment that involves hitting with a closed fist or an instrument, kicking, inflicting burns or throwing the child represents abuse regardless of the severity of the resulting injury.

**Sexual abuse** is sexual contact between a child and adult or older child. It may or may not involve physical contact. It may or may not be violent. Non-physical sexual abuse may mean indecent exposure or photography of nude children. Non-violent abuse means fondling, touching sexual organs, sex play. Violent sexual abuse means forcible rape, sodomy, oral sex.

Detection of sexual abuse is made difficult when an abuser uses threats, bribery or similar methods to persuade the child to participate in sexual activity. The child may be told that such activity is okay or that the abuser wants to teach the child about sex. An abuser may tell the child that the way to show love and affection for a parent or relative is through sex. In cases such as these, especially in incest, which is far more common than most people think, the child generally does not report the abuse. The child may feel he or she has been a willing participant. If the abuse is discovered, the child may feel guilty about getting a friend or relative in trouble. Professionals must be alert to hidden clues indicating that a child may be sexually abused and must exercise the utmost tact in questioning the child.

**Neglect** is failure to provide the necessities of life for a child. These include adequate nourishment, health care, clothing, supervision and shelter. Emotional abuse or neglect means deprivation of emotional nourishment. These forms of abuse are committed by parents or other persons responsible for the child's welfare who fail to provide a loving environment in which the child can thrive, learn and develop. Such failure may be manifested by ignoring, threatening, terrorizing or simply rejecting the child.

Suspected abuse should be reported as quickly as possible. Often a successful investigation depends on the counselor's ability to document abuse/neglect indicators or injury. You should not wait until the abuse has occurred three or four times; to wait until you are "sure" may be to wait until it is too late.

Proof of abuse or neglect is not required to make a report; "reasonable cause to suspect" is all that is required. It is the responsibility of the Department of Children and Families to determine whether or not the abuse or neglect is actually occurring and to take protective action on behalf of the child. If additional incidents occur after the initial report has been made, make another report.

Any person who reports a case of child abuse, abandonment or neglect may, at the time he or she makes the report, request that the department notify him or her that a child protective investigation occurred as a result of the report. Any person specifically listed in Section 39.201(1) who makes a report in his or her official capacity may also request a written summary of the outcome of the investigation. The department shall mail such a notice to the reporter within 10 days after completing the child

protective investigation. All public agencies are required to cooperate with the department to enable it to complete abuse investigations.

### **How to Report Suspected Abuse or Neglect**

The report must be made to the Florida Protective Services System toll-free abuse hotline 1-800-96-ABUSE (1-800-962-2873) operated 24 hours per day. Reports should include the following:

- Names and addresses of child, parent(s), guardian(s) or other persons responsible for the child's welfare.
- Child's age, race, sex and sibling's (siblings') name(s).
- Nature and extent of alleged abuse, abandonment or neglect.
- Identity of abuser, if known.
- Reporter's name, address and telephone number if desired.
- Other information reporter believes would be helpful in establishing cause of injury or neglect.
- Directions to the child's location at the time of report.

After a report is made, a Department of Children and Families child protective investigator is assigned to conduct an investigation which will include an assessment of the family situation and an evaluation of the immediate safety of the child. In addition, a service counselor may be assigned, during the investigation, to work with the family, teaching parents better parenting skills and ways to cope with life's pressures.

At times, however, a child may be in immediate danger or the parents may be unresponsive to all efforts to improve the situation. In such cases, removal of the child may be necessary.

The Department of Children and Families relies on citizens to report child abuse abandonment and neglect. Professional persons are especially able to provide this information and are both legally and ethically obligated to do so.

It is the responsibility of all citizens of the state of Florida to protect our children. If you have knowledge of or reasonable cause to suspect abuse or neglect of a child, call 1-800-96-ABUSE (1-800-962-2873).

### **What to Do After The Report is Made**

- Comfort the child.
- Reassure the child that the people who will be investigating the situation are there to help.
- Continue to observe the child and the child's behavior in the event that abuse recurs.

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From July 1988 to June 1989, over 100,000 reports of child abuse and neglect were received. That figure is shocking, but even more shocking is the fact that for every case of child abuse reported, two more go unreported. Professionals in daily contact with children are the first line of defense against child abuse and neglect. Suspicion on the part of a teacher, school nurse, child care provider, physician or law enforcement officer often results in the successful diagnosis of abuse or neglect. Such a diagnosis is the necessary first step in treatment for both the child and the family. This pamphlet is intended to provide guidelines for use by professionals in recognizing and reporting abuse and neglect in Florida.

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PHYSICAL AND BEHAVIORAL INDICATORS OF CHILD ABUSE AND NEGLECT		
	PHYSICAL INDICATORS	BEHAVIORAL INDICATORS
PHYSICAL ABUSE	<p>Unexplained Bruises &amp; Welts:</p> <ul style="list-style-type: none"> <li>On face, lips, mouth</li> <li>On torso, back, buttocks, thighs</li> <li>In various stages of healing</li> <li>Reflecting shape of article used to inflict injury (extension cords, belt buckles, etc.)</li> <li>On several different surface areas</li> <li>Regularly appear after absence, weekend or vacation</li> </ul> <p>Unexplained Burns:</p> <ul style="list-style-type: none"> <li>Cigar, cigarette burns, especially on soles, palms, back or buttocks</li> <li>Immersion burns (sock-like, glove-like, doughnut-shaped on buttocks or genitalia)</li> <li>Pattern like electric burner, iron, etc.</li> <li>Rope burns on arms, legs, neck or torso</li> </ul> <p>Unexplained lacerations or abrasions</p> <ul style="list-style-type: none"> <li>To mouth, lips, gums, eyes, or to external genitalia</li> </ul>	<p>Wary of Adult Contacts</p> <p>Apprehensive When Other Children Cry</p> <p>Behavior extremes</p> <ul style="list-style-type: none"> <li>Aggressiveness or</li> <li>Withdrawal</li> </ul> <p>Frightened of Parents</p> <p>Afraid to go home</p> <p>Reports injury by parents</p>
PHYSICAL	<p>Consistent hunger, poor hygiene, inappropriate dress</p> <p>Consistent lack of supervision, especially in dangerous activities</p> <p>Unattended physical problems or medical problems</p> <p>Abandonment</p>	<p>Begging, stealing food</p> <p>Extended stays at school (early arrival and late departure)</p> <p>Constant fatigue, listlessness or falling asleep in class</p> <p>Alcohol or drug abuse</p> <p>Delinquency (e.g. thefts)</p> <p>States there is no caretaker</p>
SEXUAL ABUSE	<p>Difficulty in walking/sitting</p> <p>Torn, shredded or bloody underclothing</p> <p>Bruises or bleeding in external genitalia, vaginal or anal areas</p> <p>Venereal Disease, especially in pre-teens</p> <p>Pregnancy</p>	<p>Unwilling to change for gym or participate in physical ed. class</p> <p>Withdrawal, fantasy or infantile behavior</p> <p>Bizarre, sophisticated or unusual sexual behavior or knowledge</p> <p>Poor peer relationships</p> <p>Delinquency or runaway</p> <p>Reports sexual assault by caretaker</p>
EMOTIONAL MALTREATMENT	<p>Speech Disorders</p> <p>Lags in physical development</p> <p>Failure-to-thrive</p>	<p>Habit disorders (sucking, biting, rocking, etc.)</p> <p>Conduct disorders (antisocial, destructive, etc.)</p> <p>Neurotic traits (sleep disorders, inhibition of play)</p> <p>Psychoneurotic Reactions (hysteria, obsession, compulsion, phobias)</p> <p>Behavior extremes:</p> <ul style="list-style-type: none"> <li>Compliant, passive, aggressive, demanding</li> </ul> <p>Overly adaptive behavior:</p> <ul style="list-style-type: none"> <li>Inappropriately adult or infant</li> </ul> <p>Developmental lags (mental, emotional)</p> <p>Attempted suicide</p>

Attachment B



Rules and Regulations Governing Child Care Facilities & Family Day Care Facilities in Palm Beach County, Florida, Adopted Pursuant to Chapter 59-1698, Special Acts, Laws of Florida as Amended by Chapter 2010-249

RELEASE OF INFORMATION

I, \_\_\_\_\_ Child Care applicant, hereby give the Palm Beach County Sheriff's Office and any other law enforcement agency permission to search their files and release any information found to the Child Care Facility listed below. I realize this search is a routine matter for all applicants, pursuant to the Rules and Regulations Governing Child care in Palm Beach County, Chapter 435, F.S. and Chapter 402, F.S.

Full Name of Child Care Facility Opportunity, Inc.

Facility Address 1713 Quail Drive  
West Palm Beach, FL 33409

Facility DCA # 500153

Phone # 561-712-9221

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**TYPE OR WRITE LEGIBLY BOTTOM SECTION OF THIS FORM**

Full Name \_\_\_\_\_  
First Middle (maiden) Last

Other names applicant has used (include maiden names and nicknames)  
\_\_\_\_\_  
\_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

\*Social Security No. \_\_\_\_\_ Date of Hire \_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form to: Opportunity, Inc. (facility name)  
1713 Quail Drive  
West Palm Beach, FL 33409 (facility address)

\*Chapter 435, F.S., requires background screening of owners, operators, and directors. Social security numbers are also used for identification purposes when performing background screening required by 402.305, F.S."



# REQUEST FOR FDLE CRIMINAL HISTORY INFORMATION

TO: Florida Department of Law Enforcement Attn: User Services Bureau/ Criminal History Applicant Section Post Office Box 1489 Tallahassee, FL 32302-1489	FACILITY NUMBER: <u>504153</u> (OCA #) DCF Circuit/Region: <u>15 / Southeast</u> FROM: _____ (name of requestor) <b>Opportunity, Inc.</b> <u>1713 Quail Drive</u> (mailing address) <b>West Palm Beach, FL 33409</b> _____ <u>(561) 712-9221</u> Telephone Number
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The more complete this information is, the better the search and associated results will be.  
PLEASE TYPE OR PRINT CLEARLY.

<b>Applicant Name:</b> _____ Last First Middle	
Other names applicant has used (include maiden names and nicknames) _____ Leave this space blank	
<b>Date of Birth:</b> _____	
<b>Race (check one):</b> <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Unknown (for Hispanic, indicate Black or White based on skin color)	
<b>Sex (check one):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Social Security Number:</b> _____	
<b>Address:</b> _____ _____ _____	
I certify that the person listed above is a juvenile volunteer or household member between the ages of 12 and 17 years old. I understand that the Legislature has established a reduced payment of \$8.00 for the criminal history checks of these persons.	
_____ (Signature of owner or on-site director)	_____ (Date)







VOLUNTEER AFFIDAVIT

I attest my name is \_\_\_\_\_ and  
(print volunteer/foster grandparent name)

serve in the child care program known as \_\_\_\_\_  
(print name of child care program)

I serve as a (check one)

- Volunteer – As a volunteer, I do not receive any form of payment or compensation such as money, free or reduced child care, or any other type of compensation for my time. I also understand that as a volunteer, I must submit local and state background screening and I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. If I volunteer 10 hours or more per month, or receive some form of compensation, I understand that I must submit level 2 background screening information in accordance with section 402.3055, Florida Statutes, and complete the state mandated child care training requirements.
- Foster Grandparent – As a foster grandparent, I adhere to all of the Foster Grandparent Program Guidelines pursuant to Title 45, Public Welfare, Code of Federal Regulations, section 2552.75. I also understand I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children and complete training as outlined in the rule 65C-22.003(1)(m) or rule 65C20.009(1)(a), Florida Administrative Code

I attest that I have read the foregoing, and the facts alleged are true and correct.

\_\_\_\_\_  
Volunteer/Foster Grandparent Signature

\_\_\_\_\_  
Date

To be Completed by the Owner/Operator/Director

I attest my name is \_\_\_\_\_, and I  
am the owner/operator/director of the child care program identified above. The above individual serves, under the  
above definition, as a volunteer/foster grandparent in this child care program.

I attest that I have read the forgoing, and the facts alleged are true and correct.

\_\_\_\_\_  
Owner/Operator/Director Signature

\_\_\_\_\_  
Date

