

Volunteer Packet



Grandma's Place

Follow instructions for finger printing, background checks, and the affidavit of moral character. All documents must be signed and returned to the House Manager along with a photocopy of your ID or Driver's License before you are able to volunteer directly with the children.

General Information

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

EMERGENCY CONTACT: _____

PHONE: _____

The age group I most like to work with is:

- Birth to 2 years old
- 2 years old to 6 years old
- 6 years old and older
- I would like to help with housework/maintenance/etc.

I will be available to volunteer on the following days and times:

	8am-11am	9am-12pm	2pm-5pm	3pm-6pm	4pm-7pm
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Orientation

Grandma's Place Orientation is designed to advise Volunteers of our Policies, Procedures and Rules. With the orientation Volunteer members will be aware of their rights and responsibilities, and this will ensure the safety and well-being of the children in care of Grandma's Place.

1. I have read and understand Grandma's Place Discipline and Behavior Policies.
2. I understand that there are certain House Rules I am expected to respect. I have read and understand these rules in their entirety.
3. The Grievance Policy was explained and is very clear to me.
4. I have read Grandma's Place Policies and Procedures.
5. The Employee Handbook will be accessible to me at any time.

I certify that I have read and understand Grandma's Place Orientation.

Sign: _____ Date:

Volunteer

Sign: _____ Date:

Witness

Confidentiality Statement

I understand and agree that all information as it relates to child abuse records and clientele are to be held confidential in compliance with The Child Abuse Statute. Florida Statute 415.513(2) which state " person who willfully or knowingly makes public or discloses any information contained in the child abuse registry or the records of any child abuse case except as provides in this section is guilty of a misdemeanor of the second degree"

I further agree to treat any such information on clients that should come to my attention and knowledge as privileged and confidential, and that I will not disclose such information to anyone other than authorized persons.

Sign: _____ Date:

Volunteer

Volunteer Guidelines

1. Staff and volunteers must maintain a professional attitude with children at all times. Staff and volunteers must always provide positive role models to children.
2. Children in care are never allowed to go to staff or volunteer homes.
3. Staff and volunteers are asked not to share personal history information with children.
4. Staff members and volunteers are asked not to purchase gifts for individual children.
5. All visitors and volunteers must sign in when they arrive and sign out when leaving.
6. Volunteers and visitors are not to have access to confidential information about children, their families, or placement after leaving Grandma's Place.
7. Volunteers must have a current local background check and a completed statement of good moral character before becoming a regular volunteer.
8. Volunteers are always under the supervision and direction of the House Manager, House Mother or other staff member.
9. Volunteers are encouraged to play with, feed, change, and provide other care as needed to the children.
10. Volunteer help is most appreciated with light household chores when children are sleeping. [E.G. folding and sorting laundry]
11. All volunteers will be required to sign confidentiality statements in compliance with HIPPA regulations.
12. Volunteers are asked to report any concerns about a child's behavior or health to appropriate Grandma's Place staff
13. Volunteers will not discipline children in any way. Inappropriate behavior should be reported to staff immediately.

Sign: _____ Date:

Volunteer

Child Abuse Statement

I, _____ , As a volunteer/ visitor of Grandma's Place, Inc. Understand that I have the responsibility to report any and all incidents of child abuse and neglect to the proper authorities.

Sign: _____ Date:

Volunteer

VOLUNTEER BACK GROUND INSTRUCTIONS

- **The form for the Local sheriff office:**

Needs to have **personal** results **and** call outs to your **property**

- **Finger prints level 2:**

Before going to get your fingerprints, please call us and provide your information in order to keep track of your results. You need to call and schedule an appointment the cost is around \$55-60

- **The Good moral Character:**

Needs to be sign in front of the notary

- **Please bring a copy of your Driver License**

Grandma's Place, Inc.

Volunteer Orientation Packet



**LOCAL SHERIFF OFFICE
CRIMINAL HISTORY CHECK**

**Criminal History check including records of
any responses to the home by law
Enforcement (call outs)**

Take this form to your local Sheriff office with your ID (Royal Palm office is behind the Post Office)
And bring back this form

Date: _____

Full Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

Grandma's Place, Inc.
184 Sparrow Dr. RPB FL 33411
Phone (561) 753-2226 / FAX: (561) 753-2231



**State of Florida
Department of Children and Families**

Rick Scott
Governor

Mike Carroll *Secretary*

Live Scan Background Screening Submission Form

Employers/Providers:

Contact your local DCF Background Screening Office for ORI and Live Scan OCA numbers.

The following information must be presented prior to or at the time of screening:

- 1. A valid picture ID**
- 2. DCF Agency Identifier (ORI)# EDCFGN 10Z**
This is a nine digit number beginning with FL92 and ending with the letter "Z".
- 3. DCF Live Scan OCA # 0950 1022 Z**
this is a nine digit number beginning with your 2 digit Circuit Number, your OCA, and ending with the letter "Z".

Live Scan Vendors:

4100 Okeechobee Blvd West Palm Beach, FL 33409 Contact person
(561 352-2540) \$60

Background screening for the Department of Children and Families **must** include the following:

- A valid ORI entered into the Controlling Agency Identifier field (this may also be the Requesting Agency field) on the Transaction Screen, and
- The Provider Live Scan OCA number entered into the Originating Case Agency Field on the Miscellaneous Screen.

Applicants

Present this form to any Live Scan Vendor approved to submit Level 2 Background Screenings through the Florida Department of Law Enforcement.

Live Scan vendors may be found on the Department of Children and Families website, at www.dcfbackgroundscreening.com, or the Florida Department of Law Enforcement website, at www.fdle.state.fl.us.

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

- Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency



AFFIDAVIT OF GOOD MORAL CHARACTER

Clear

State of Florida

County of _____

Before me this day personally appeared _____ who, being duly
(Applicant's/Employee's Name)

sworn, deposes and says:

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 the Florida Statutes and rules, 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:

Relating to:

- 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 777.04 attempts, solicitation, and conspiracy to commit an offense listed in this subsection
- 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 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

CONTINUED ON NEXT PAGE

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)	encouraging or recruiting another to join a criminal gang
Chapter 893	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

THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR MENTAL HEALTH POSITIONS

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for “Mental Health Personnel” screened pursuant to section 394.4572, F.S., defined as “program directors, professional clinicians, staff members, or volunteers working in a public or private mental health program or facility who have direct contact with individuals held for examination or admitted for mental health treatment.” **The**

additional offenses apply only to “Mental Health Personnel” as determined pursuant to Section 408.809, F.S. as listed below

	<u>Relating to:</u>
Chapter 408	felony offenses contained in Chapter 408
Section 408.8065(3)	offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.920	Medicaid provider fraud
Section 409.9201	Medicaid fraud
Section 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
Section 817.234	false and fraudulent insurance claims
Section 817.481	obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony
Section 817.50	fraudulently obtaining goods or services from a health care provider
Section 817.505	patient brokering
Section 817.568	criminal use of personal identification information
Section 817.60	obtaining a credit card through fraudulent means
Section 817.61	fraudulent use of credit cards, if the offense was a felony
Section 831.01	forgery
Section 831.02	uttering forged instruments
Section 831.07	forging bank bills, checks, drafts or promissory notes
Section 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section 831.30	fraud in obtaining medicinal drugs
Section 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony
Section 895.03	racketeering and collection of unlawful debts
Section 896.101	the Florida Money Laundering Act

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21, F.S.; a career offender pursuant to s. 775.261, F.S.; or a sexual offender pursuant to s. 943.0435, F.S., unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354, F.S.

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: _____

