



EARLY CHILDHOOD PROGRAM VOLUNTEER REQUIREMENTS

All persons wanting to volunteer in Rosarian Academy's Early Childhood Program must go through background screening as indicated below:

Initial Requirements for those 12 years of age or older and working with children*

Volunteer Application - Attachment A

VIRTUS Training (Protecting God's Children - 3 hour course); go to www.virtus.org for information

Level 2 FDLE/FBI LiveScan Fingerprint Check (To be completed every five years. Contact Early Childhood Director to schedule a fingerprint screening appointment.)

Yearly Requirements

Level 1 Screening including:

- Local Screening (PB Sheriff's Office) - Attachment B and \$3 cash for the Sheriff's Office
- Affidavit of Good Moral Character (signed, dated and notarized) - Attachment C
- Child Abuse & Neglect Reporting Requirements - Attachment D
- Volunteer Affidavit - Attachment E

Questions? Need additional information? Please contact the Early Childhood Director.

*If volunteering at an event where parents are responsible for their own child(ren), i.e. Spaghetti Dinner, Family Fun Day, the volunteer will be considered "not working with children" and should adhere to the volunteer requirements in that category. Rosarian Academy encourages volunteers to be fully screened in order to be the most useful in assisting throughout the school year.

Attachment A

ROSARIAN ACADEMY, INC. VOLUNTEER APPLICATION

Rosarian Academy, Inc. ("Rosarian") observes the principles of EEO and does not discriminate on the basis of race, color, sex, national origin, age, disability, marital or other protected status. However, Rosarian expects that a prospective or active volunteer lives a way of life consistent with the practice of the Christian faith and gospel values.

INSTRUCTIONS: Please print. Answer each question accurately and completely; do not refer to or attach a resume to this Application. Print "n/a" in any space that does not apply to you. Incomplete applications or applications providing additional non-requested information are considered withdrawn and will not be considered.

Volunteer Position applying for _____ Date _____

Last Name _____ First _____ M.I. _____

Current Address _____ City _____ State _____ Zip _____ How Long? _____

Previous Address _____ City _____ State _____ Zip _____ How Long? _____

Home Phone # (____) _____ Cell Phone # (____) _____

E-mail address _____

VOLUNTEER WORK REQUESTED

Are you 18 years of age or older? ☐ Yes ☐ No If less than 18 years of age, state current age: _____

Category: ☐ Volunteer Full-time ☐ Volunteer Part-time Date(s) Available: _____

If part-time, days and time available: _____

Have you ever applied to work or volunteer with Rosarian? ☐ Yes ☐ No
If yes, when? _____

Have you been previously employed by or volunteered with Rosarian? ☐ Yes ☐ No
If yes, when? _____

In which positions did you work or volunteer? _____

Give names and positions of any relatives, including in-laws, who work or volunteer for Rosarian: _____

List any skills or qualifications including computer skills that support your volunteer application: _____

Have you ever been convicted of, or plead guilty, adjudication withheld, *nolle prosequi* or *nolo contendere* to a crime? ☐ Yes ☐ No

Are you currently awaiting trial, sentencing or other disposition of a criminal charge? ☐ Yes ☐ No

If the answer to either question is yes, please explain (state the date, type of crime, place of occurrence, disposition): _____

***Note: Conviction of a crime will not necessarily disqualify you from volunteering. Each conviction will be judged on its own merit with respect to time and relatedness.**

Signature _____

Date _____



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 Rosarian Academy
Facility Address 807 N. Flagler Dr. WPB, FL 33401
Facility OCA # 095020942 Phone # (561) 832-5131

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: Rosarian Academy (facility name)

807 N. Flagler Dr. (facility address)

WPB, FL 33401

*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."



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:

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
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
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

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 section (§) 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 § 39.201(e), F.S., as "harm or threatened harm" to a child's mental or physical health or welfare by the acts or omissions of a parent, adult household member, or 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 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 § 39.201, F.S. constitutes a violation of the standards in §§ 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 § 39.203(1)(a), F.S.
- * For more information about child abuse and neglect, visit the Department of Children and Families' website at 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 §§ 402.305(2) and 402.313(1), F.S. The course is offered both online and instructor-based.

This statement is to verify that on _____, 20____, I, _____
Date *Name of Employee*

read or had read to me the above material and understand the information and my mandated reporter requirements.

Signature of Employee

Signature of Operator



PALM BEACH COUNTY
HEALTH DEPARTMENT

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