

EDUCATION

TYPE OF SCHOOL	NAME & ADDRESS OF SCHOOL	MAJOR	LAST YEAR	GRADUATE
HIGH SCHOOL			9 10 11 12	YES NO
COLLEGE			1 2 3 4	YES NO
OTHER			1 2 3 4	YES NO

EMPLOYMENT RECORD

(Starting with most recent)

Name and address of employer

Immediate supervisor (Name and Position)

Job title and description of duties

Reason for leaving?

Date hired: _____ Date left: _____ May we contact this employer? Y N

Name and address of employer

Immediate supervisor (Name and Position)

Job title and description of duties

Reason for leaving?

Date hired: _____ Date left: _____ May we contact this employer? Y N

Name and address of employer

Immediate supervisor (Name and Position)

Job title and description of duties

Reason for leaving?

Date hired: _____ Date left: _____ May we contact this employer? Yes _____ No _____

VOLUNTEER # _____

Have you ever held a position of trust (handling money or confidential material)? Yes _____ No _____

If yes, when and where? _____

Have you ever been discharged from a job? _____ Explain: _____

REFERENCES

Please provide three (3) personal or professional references:

NAME	PH. NUMBER	RELATIONSHIP

SERVICE IN U.S. ARMED FORCES

Have you ever served in the U.S. Armed Forces? _____ Are you currently in the armed forces? _____

What branch? _____

Date earned: _____ Date discharged: _____

AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects. I agree that if I am selected to volunteer and it is found to be false in any way that I may be subject to immediate dismissal. I authorize the use of any information in this application to verify my statements, and I authorize my past employers, all references and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from liability or damages on account of having furnished such information. I agree, if selected to volunteer, that I will:

- a. Work diligently
- b. Be timely
- c. Observe all present and subsequently issued personnel policies and rules of PBCSAC

I understand PBCSAC may revise its policies and procedures, in whole, or in part, at any time, with or without notice. I understand that the rules and policies of PBCSAC are not a contract or guarantee of acceptance into the volunteer program. I acknowledge and agree that if accepted into the volunteer program with PBCSAC, the company or I may terminate the volunteer relationship at any time.

Signature of Applicant

Date

VOLUNTEER # _____

Palm Beach County
Substance Awareness Coalition
Volunteer Interview

1. What interested you in becoming a volunteer at PBCSAC?
2. What are your strengths and weaknesses?
3. What hobbies or interests do you have? Do you possess any skills or qualities that are particular value as a volunteer?
4. What type of activities would you like to do at PBCSAC?
5. Do you drink alcohol? Do you use other substances? How often?
6. Have you ever been arrested or convicted of a crime? If yes, please explain.
7. Have you ever been investigated for child abuse or neglect? If yes, please explain.
8. What languages do you speak?
9. Would you like to add any other information or do you have any questions at this time?

Medical Information

1. How would you describe your current health?
2. Do you have any conditions or circumstances that would affect your ability to volunteer?
3. Do you have any medical condition we need to be aware of?
4. Do you have any allergies?
5. Are you taking any medication?

VOLUNTEER # _____

Palm Beach County
Substance Awareness Coalition
Volunteer Interviewer Comments

Applicant's appearance:

First impression of applicant:

Will the applicant be able to follow the guidelines of the program?

How well did the applicant answer the questions?

Overall conclusions:

Interviewed by:

Approved: Yes No

Reasons:

Recommendations:



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 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 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

CONTINUED ON NEXT PAGE

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 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
Section 817.234	false and fraudulent insurance claims
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.

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

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.

CONTINUED ON NEXT PAGE

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 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

MEDIA RELEASE FORM

I, THE UNDERSIGNED, DO HEREBY GIVE PALM BEACH COUNTY SUBSTANCE AWARENESS COALITION, THEIR ASSIGNS, LICENSEES AND LEGAL REPRESENTATIVES THE IRREVOCABLE RIGHT TO USE MY NAME (AND / OR MY CHILD(REN)'S), PICTURE, PHOTOGRAPH, PORTRAIT, VISUAL LIKENESS, OR VOICE IN ALL FORMS AND MEDIA IN ALL MANNERS, INCLUDING PHOTO, FILM, AUDIO AND VIDEO REPRESENTATIONS, FOR NON-PROFIT, PUBLIC PURPOSES, AND I HEREBY WAIVE ANY RIGHT TO INSPECT OR APPROVE THE FINISHED PRODUCT THAT MAY BE CREATED IN CONNECTION THEREWITH.

I HAVE READ THIS RELEASE, AND AM FULLY FAMILIAR WITH ITS CONTENTS.

SIGNATURE OF VOLUNTEER

DATE

PARENT/LEGAL GUARDIAN

DATE

VOLUNTEER # _____

STATEMENT OF CONFIDENTIALITY

AS A VOLUNTEER EMPLOYED WITH PALM BEACH COUNTY SUBSTANCE AWARENESS COALITION, I UNDERSTAND THAT I MAY BE AWARE OF, WITNESS, OR BE DIRECTLY INFORMED OF SENSITIVE AND PERSONAL INFORMATION.

I AGREE TO RESPECT AND NOT DISCLOSE CONFIDENTIAL INFORMATION EXCEPT UNDER THE FOLLOWING CIRCUMSTANCES AS REQUIRED BY LAW;

- DISCLOSED THREAT OF HARM TO SELF OR OTHERS
- DISCLOSURE OF PHYSICAL, SEXUAL, OR EMOTIONAL ABUSE OR NEGLECT

I FURTHER AGREE TO REPORT ANY SUCH DISCLOSURES OR INCIDENTS IMMEDIATELY TO REPRESENTATIVES OF PALM BEACH COUNTY SUBSTANCE AWARENESS COALITION.

SIGNATURE OF VOLUNTEER

DATE

PARENT/LEGAL GUARDIAN

DATE

VOLUNTEER # _____

VOLUNTEER INFORMED CONSENT & CONFIDENTIALITY AGREEMENT

I, the undersigned acknowledge and understand that I am not obligated if called upon to perform the volunteer services applied herein; that PBCSAC volunteer program is not obligated to assign me a volunteer position. I have given necessary information and permission to the PBCSAC to complete all references and background checks required by the coalition. I understand that the results of the background checks as well as any other information pertaining to me including; written application, references, interview records, and any other records are from this date forward the property of PBCSAC. I understand that I may review these records and receive a copy of them, if requested, and that these records will be kept confidential, and accessible by staff of PBCSAC. Only, unless subpoenaed by court order, or reviewed for quality assurance purposes by accreditation organization or agency funding sources. I understand that if I accept a volunteer/internship position assigned to me, that PBCSAC or I may terminate my position at any time

SIGNATURE OF VOLUNTEER

DATE

PARENT/LEGAL GUARDIAN

DATE

VOLUNTEER # _____