



Thank you for your interest in volunteering at PARC!

We are so fortunate to have so many different people come to our programs and make a difference in the lives of children and adults with developmental disabilities.

To volunteer we have the following guidelines:

Each person will fill out an application and submit to the Volunteer Services Department. This includes all student volunteers and court ordered volunteers who will be volunteering for a limited amount of time. At this time, the applicant will receive information on PARC to make sure that the volunteer opportunities are clear to the applicant. *Individual volunteers must be at least 16 years old.*

Court Ordered applicants are taken on a case by case basis and will only be accepted for weekends only in the PARC Thrift Store.

Applications can be downloaded on PARC's web site at www.parc-fl.org.

2. PARC will perform a Local and a FBI/DCF background screening for each applicant. There will be a cost of \$48.00 to the volunteer for the Level II screening. This will be reimbursed to the volunteer (upon request) after 50 hours of service hours. Out of the safety and concern for our program participants and as a licensing agreement, a person with certain convictions will not be able to volunteer in the direct care program areas. This will be addressed on an individual basis. Applicants will be asked to sign an Affidavit of Good Moral Character from the Department of Children & Families which details criminal activities that will disqualify applicants.

3. After the application has cleared the background screening and the initial interview, the volunteer applicant will attend a scheduled volunteer orientation. During the orientation, the volunteer will learn about volunteerism at PARC as well as ask questions about the role of the volunteers at the agency. The volunteer will be made aware of policies and procedures that directly affect their involvement at PARC.

Please call Lisa Blackburn at 727-341-6933 or email lblackburn@parc-fl.org with any questions.



Volunteer Application

Date _____

(Please Print)

Name _____
Last First Middle

Address _____
Street Address (Including City, State and Zip Code)

Telephone (Home) _____ (Work) _____

Cellular Phone _____ E-mail Address (if applicable) _____

Emergency Contacts

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Are you presently employed? Yes/No - *Please list current or last place of employment*

Company _____ Occupation _____

Please list any relatives you have working at PARC _____

Why would you like to volunteer at PARC? _____

Special skills, interest or hobbies _____

Education (*Highest Grade Completed*) _____

Are you a student? Yes / No If so, where? _____

How did you hear about volunteer opportunities at PARC? Friend Media Relative Employee
Other _____

Please check areas of interest to you: Work with Children Work with Adults Office/Clerical
Computer Thrift Store Special Events (weekends only) Other _____

A list of volunteer positions with detailed descriptions/tasks can be found on www.parc-fl.org or requested.

Availability Mon Tues Wed Thurs Fri Sat Sun
Mornings Afternoons Evening

Date you are available to start _____

(SEE REVERSE)

Page 2

Have you done or are you currently doing any other volunteer work? If so, please explain

Have you ever been convicted of a felony, misdemeanor, or other criminal offenses and/or are there any arrests or criminal proceedings pending against you?

Yes / No (Please circle) If Yes, please explain _____

Statement of Agreement
(Please read carefully)

I certify that the information given by me in this application is true in all respects and that I have not made any willful omissions. I agree to abide by all present and subsequent rules and regulations of PARC and I understand such rules and regulations may be modified at any time PARC determines that it is necessary. I understand that disclosure of confidential information concerning PARC or a client may be grounds for immediate dismissal. As a volunteer, I agree to attend orientation and participate in appropriate in-service programs as needed to fulfill my duties. I understand that volunteering at PARC does not imply an advantage toward future employment.

I have been informed that volunteers will need to pass the FDLE background check process. Furthermore, I understand I may be required to pass a drug screening, TB test, and Zero Tolerance training required by Agency for Persons with Disabilities if I work with a client with or without the supervision of a PARC staff person.

Signature _____ Date _____

Interviewer _____ Date _____

For Internal Use Only

Court Appointed Y / N _____ Hours Required _____

Local Background _____ Placement _____

FBI/DCF Background _____ Supervisor _____

Orientation _____ Letter of Reference _____

Zero Tolerance _____ Letter of Reference _____



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

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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.

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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: _____