



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:

1. Each person will fill out an application and submit to the Community Relations 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 background screening for every applicant through the FDLE. Out of the safety and concern for our program participants and as a licensing agreement, a person with certain felony 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 Kelli Caputo at 727-341-6930 or email kcaputo@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 _____ Email Address (if applicable) _____

Date of Birth (month/day/year) _____

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 _____

Availability Mon Tues Wed Thurs Fri Sat Sun
Mornings Afternoons Evening

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

(SEE REVERSE)

Community Affiliations _____

Do you have any physical limitations that may require a reasonable accommodation in order for you to perform your duties? Yes / No

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 _____

References: two (2) references are required by PARC’s funding agencies

1. _____

Name		Relationship
Address	Zip	Phone

2. _____

Name		Relationship
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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 determined 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 required drug screening, FDLE background check process, TB test, and Zero Tolerance training required by Agency for Persons with Disabilities if I work with a client without the supervision of a PARC staff person.

Signature _____ Date _____

Interviewer _____ Date _____

For Internal Use Only

Court Appointed Y/N _____ Hours Required _____

Background _____ Other _____

Orientation _____ Placement _____



AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of Pinellas

Before me this day personally appeared _____ who, being duly sworn, deposes and says:

I am an applicant for employment as a caretaker (or similar position requiring level 2 screening under Chapter 435, Florida Statutes), or I am currently employed as a caretaker with:

By signing this form, I am swearing that I have not been found guilty or entered a plea of guilty or nolo contendere (no contest), regardless of the adjudication, to any of the following charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction. I also attest that I do not have a delinquency record that is similar to any of these offenses.

I understand I must acknowledge the existence of any criminal records relating to the following list regardless of whether or not those records have been sealed or expunged. I understand that I am also obligated to notify my employer of any possible disqualifying offenses that may occur while employed in a position subject to background screening under Chapter 435, Florida Statutes.

Relating to:

- Sections: 393.135 relating to sexual misconduct with certain developmentally disabled clients
394.4593 relating to sexual misconduct with certain mental Health patients
415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults
741.30 domestic violence and injunction for protection (defined in 741.28) means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, etc. of a family or household member
782.04 murder
782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
782.071 vehicular homicide
782.09 killing an unborn child by injury to the mother
784.011 assault, if the victim of offense was a minor
784.021 aggravated assault
784.03 battery, if the victim of offense was a minor
784.045 aggravated battery
784.075 battery on a detention or commitment facility staff
787.01 kidnapping
787.02 false imprisonment
787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings
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
790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
790.115(2)(b) possessing an electric weapon or device, destructive device, or other weapon on school property
794.011 sexual battery
794.041 prohibited acts of persons in familial or custodial authority (former)
Chapter: 796 prostitution
Section: 798.02 lewd and lascivious behavior
Chapter: 800 lewdness and indecent exposure
Section: 806.01 arson
Chapter: 812 felony theft and/or robbery and related crimes, if a felony
Sections: 817.563 fraudulent sale of controlled substances, if the offense was a felony
825.102 abuse, aggravated abuse, or neglect of disabled adults or elderly persons
825.1025 lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
825.103 exploitation of disabled adults or elderly persons, if the offense was a felony
826.04 incest
827.03 child abuse, aggravated child abuse, or neglect of a child

CONTINUED ON NEXT PAGE

- 827.04 contributing to the delinquency or dependency of a child
- 827.05 negligent treatment of children
- 827.071 sexual performance by a child
- 843.01 resisting arrest with violence
- 843.025 depriving an officer means of protection or communication
- 843.12 aiding in an escape
- 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
- Sections: 916.0175 relating to sexual misconduct with certain forensic clients
- 944.35(3) inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
- 944.46 harboring, concealing, or aiding an escaped prisoner
- 944.47 introduction of contraband into a correctional facility
- 985.4045 sexual misconduct in juvenile justice programs
- 985.4046 contraband introduced into detention facilities

ONE OF THE FOLLOWING STATEMENTS MUST BE MADE:

Under the penalty of perjury, which is a first degree misdemeanor, punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to ss.837.012, or 775.082, or 775.083, Florida Statutes, I attest that I have read the foregoing, and I am eligible to meet the standards of good character for this caretaker position.

Signature of Affiant

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

Signature of Affiant

OR

for teachers and non-instructional personnel in lieu of fingerprint submission:

I swear that I have been fingerprinted under Chapter 1012, Florida Statutes, when employed as a teacher or non-instructional employee and have not been unemployed from the school board for more than 90 days. I swear the findings of that background check did not include any of the above offenses and that I meet the standards of good character for this caretaker position.

Signature of Affiant

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

Signature of Affiant

Sworn to and subscribed before me this _____ day of _____, _____

My commission expires

NOTARY PUBLIC, STATE OF FLORIDA

My signature, as a Notary Public, verifies the affiant's identification has been validated by

Request for FDLE Criminal History Information 5-year Re-Screen

FDLE
User Services Bureau
Applicant Section
P.O. Box 1489 St. Petersburg, FL 33710
Tallahassee, FL 32302-1489

Facility Number: 523308
DC&F District 5
PARC, Missy Nevitt, Director of Operations
(727) 345-9111

Attn: Caretaker Program

The more complete this information, the better the search and associated results will be Please type or print clearly.

Applicant Name: Last, First, Middle _____

Other Names applicant has used
(include maiden names and nicknames) _____

Date of Birth: _____

Race: (circle one): Black White Asian American Indian Alaskan Native Unknown

Sex: (circle one): Male Female

Social Security Number: _____

Driver License Number: _____

Address _____

I certify that the person listed above is a volunteer (intern) or a caretaker employee requiring a 5-year re-screening. I understand that the Legislature has established a reduced Payment of \$8.00 for the criminal history checks of these persons.

Missy Nevitt, Director of Operations, PARC (Date)

VOLUNTEER REFERENCE LETTER

Date _____

_____ has agreed to volunteer at PARC. Our funding agencies require two references for volunteers. Your participation is appreciated.

How long have you known the volunteer named above? _____ Yrs. _____ mos.

Is your experience with he/she in business, civic, social, church, family friend etc.

To your knowledge is there any reason why he/she should not volunteer with children and/or adults with developmental disabilities.

Yes _____ No _____

If yes, please explain _____

Would you recommend he/she to volunteer at PARC? Yes _____ No _____

Comments (Optional) _____

Printed Name _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ (No solicitations will occur.)

Signature _____ Date signed _____

Thank you for taking the time to fulfill this request.

Sincerely,

Kelli Caputo

Kelli Caputo
Director of Community Relations - Volunteer Program

PARC
3190 Tyrone Blvd. North
St. Petersburg, Florida 33710
727-345-9111 • Fax 727-345-7130

Please visit our website to learn more about PARC, our programs and the people we serve.

www.parc-fl.org

