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**Volunteer Packet**

Thank you for your interest in volunteering at Baby Gator! We generally welcome volunteers for 2-4 hour shifts 8:30am-12:30pm and a 2-hour shift 3:30-5:30pm.

Once this packet is received (by email or paper copy), you will be contacted to schedule your volunteering at our Lake Alice or Newell Drive locations.

Course paperwork will not be signed until the entire volunteer packet is complete and the student has communicated with a Baby Gator volunteer coordinator.

**\_\_\_ Volunteer Acknowledgement**

**\_\_\_ County Background Screening (applicable for volunteering 10 hours per month or less; more than 10 hours requires a different screening, contact office)**

Take this form to the Alachua County Sheriff’s Department ONLY. Directions are on the bottom of the form. There is a charge of $6.00 (cash only).

**\_\_\_ Proof of UF’s Youth Protection Training (YCS800)**

Instructions can be found on page 4 of this packet.

**\_\_\_ Background Information & Emergency Contact Information**

**\_\_\_ Copy of Gator 1 Card or Driver’s License**

**\_\_\_ Photography Release & Parking Notice**

**\_\_\_ Volunteer Policies & Procedures** *(read and return JUST the signature page)*

**\_\_\_ Personal References (2)** *(these completed forms must be included in your packet)*

**\_\_\_ Attestation of Good Moral Character** *(must be witnessed; must complete at first shift)*

If you have questions regarding this packet contact:

Dawne Morison – [dmorison@ufl.edu](mailto:dmorison@ufl.edu) – 352-294-2243

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**County Background Screening**

Baby Gator Child Development & Research Center

305 Diamond Rd. #17

Gainesville, FL 32603

Telephone: (352) 294-2243

Fax: (352) 294-2257

Alachua County Sherriff’s Office

2621 SE Hawthorne Road

Gainesville, FL 32602-1210

Telephone: (352) 367-4000

To Whom It May Concern:

The Person listed below is in a position which is covered under Chapter 435 of the Florida State statutes and is required to have a local criminal record check. Please provide any information you may have on this individual.

\_\_X\_\_ Volunteer ($6.00 cash only fee)

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (volunteer), hereby authorize this facility to check any and all records pertaining to criminal activity and for any law enforcement agency to release information regarding criminal activity under Florida Statutes or any other jurisdiction.

**Directions to the Alachua County Sherriff’s Department from the University of Florida:**

Drive east on University Avenue through town. You will pass all of the downtown area. Go across Waldo Road and continue following University Avenue until you see Hawthorne Road, which forks off to the right (south). Turn right onto Hawthorne Road and drive south about 1.5 miles. The sheriff’s department will be on the right.

**VOLUNTEER ACKNOWLEDGMENT**

I attest my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and

(print volunteer/foster grandparent name)

serve in the child care program known as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_.

(print name of childcare 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 childcare, or any other type of compensation for my time. I also understand that as a volunteer, 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 background screening information in accordance with section 402.3055, Florida Statutes, and complete the state mandated 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)(l), rule 65C-

22.008(4)(a)7, or rule 65C-20.009(1)(a) Florida Administrative Code

I attest that I have read and that I understand the foregoing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer/Foster Grandparent Signature Date

|  |
| --- |
| To Be Completed by the Owner/Operator/Director |
| I attest my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I  (print owner/operator/director name)    am the owner/operator/director of the childcare program identified above. The above  (circle one)    individual serves, under the above definition, as a volunteer/foster grandparent in this child    care program.    I attest that I have read and that I understand the foregoing.    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner /Operator /Director Signature Date |

CF-FSP 5217, Volunteer Acknowledgement, July 2012, 65C-22.006(3)(c)5. and 65C-22. 008(3)(u)4d., F.A.C.

**Proof of Youth Protection Training (YCS800) Online Class**

YCS800 is a required course for all staff and volunteers involved in University of Florida-affiliated programs/activities involving individuals under the age of 18, as the University of Florida places the utmost importance on creating a safe and secure environment for minors engaged in UF-affiliated youth programs or events, and for its employees. The training has been developed to equip individuals with the knowledge to: employ strategies to provide a safe environment for youth/minors; recognize the different types and signs of child abuse; properly respond to incidents involving youth and/or report known or suspected child abuse.

This online classes can be accessed by typing this link into your browser:

https://learn-and-grow.hr.ufl.edu/courses-registration/compliance-training/

* Scroll down the page to the heading, “UF Compliance and Ethics.” YCS800 is the second course under this heading.
* Read all of the training instructions before beginning
* Upon successful completion of the course (90% or higher), print out the Certification page showing your score

**Duration**: This training should take approximately 60 minutes to complete.

**Grading**: At the end of this training, completion of a final assessment is required. To successfully complete this training, you must achieve a score of 90% (90/100 points) or higher.

**Target Audience**: This training is required UF-affiliated employees and volunteers who work in programs, camps, or conference activities that engage minors under the age of 18 years.

**Prerequisites**: None

**Background Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education:** College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are a volunteer, what is your objective?**

\_\_\_To fulfill a community service requirement for UF

\_\_\_To fulfill a community service requirement for a sorority/fraternity or other organization

\_\_\_To meet a class requirement. Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe previous experiences working with or caring for children:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you speak any languages other than English? If so, please list them.**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I’m willing to volunteer with (check all that apply):**

Babies\_\_\_\_ Toddlers\_\_\_\_ Twos\_\_\_\_ Threes\_\_\_\_ Pre-K\_\_\_\_

**Emergency Contact Information**

**The persons listed below can be contacted in case of an emergency:**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parking Notice**

Baby Gator does not provide parking for employees, volunteers and Work Study Students.

Baby Gator will not be responsible for any parking tickets.

By signing this form, you are notified that unless you have the proper parking decal, you will not park in the Baby Gator parking lot.

We do not allow unauthorized parking in the Baby Gator parking lot.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name *(please print)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photography Release**

Dear Volunteer:

Baby Gator will periodically take photographs of you engaged in daily activities. These photographs are occasionally used for newspaper articles or our website. We will not post photographs of any teachers/staff/volunteers who do not give us their permission to be photographed. Please complete the form below so that we may use your photograph.

\_\_\_ Yes, I give my permission to be photographed while engaged in activities at Baby Gator. I understand that occasionally these photographs will be used on the Baby Gator website.

\_\_\_ No, I do not wish to be photographed.

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Personal Reference Check (references can send answers by email)**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As required by Florida Statue, personal reference checks must be completed for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (volunteer) to be employed as a caretaker of children at Baby Gator Child Development & Research Center at the University of Florida. Please answer the following questions:

1. In what capacity have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To your knowledge, has the applicant ever been convicted of a crime? If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you think this person is qualified to work in an early childhood center and to care for children? \_\_\_\_\_\_\_\_

Why or why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Would you trust the applicant with your own children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Personal Reference Check (references can send answers by email)**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As required by Florida Statue, personal reference checks must be completed for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (volunteer) to be employed as a caretaker of children at Baby Gator Child Development & Research Center at the University of Florida. Please answer the following questions:

1. In what capacity have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To your knowledge, has the applicant ever been convicted of a crime? If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you think this person is qualified to work in an early childhood center and to care for children? \_\_\_\_\_\_\_\_

Why or why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Would you trust the applicant with your own children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer/Practicum Policies & Procedures**

1. **Work Hours**
   * Volunteers are assigned to a specific classroom. Practicum will work with their host teachers to develop a work schedule.
2. **Sign-in/Sign-Out Procedures**
   * Please sign in the Volunteer Log and Guest Log in the office each day you work
   * Pick up and write your name on a name badge. You must wear a badge at all times.
   * The badge is to be returned after each volunteer session.

Time Log

* Volunteers must complete a time log sheet in the binder in the office upon arrival and departure
* You must record your time on your personal log sheet for each shift worked
* ***If you do not record your hours, we will not have a record that you volunteered that day and you will not get credit for volunteering***
* It is your responsibility to keep track of hours on a regular basis
* You cannot record someone else’s hours or make changes to someone else’s sheet.

1. **When you can’t come in**

* Call the front office before your shift is scheduled to start. Tell us your name, that you’re a volunteer, the classroom you are scheduled for and the reason you will be out. **Lake Alice – 352-392-2330, Newell Drive – 352-273-8000.**

-If the voice mail picks up, please leave a detailed message stating that you are a volunteer, your name, the class you’re usually in and the reason you will not be in. We will get a message to the teachers for you.

-Email call outs will not be accepted.

* If absences become an issue, you will be asked not to return to UF ECC.

1. **Work Ethic**

* Volunteers are expected to come on your assigned days
* Cellular phones are to be turned off and kept with your belongings upon arrival to UF ECC. All belongings will be placed in a storage area inside the classroom.
* If there is an emergency and someone needs to get a hold of you, they should call the front office and an office administrator will notify you.
* Volunteers are to follow the lead of UF ECC teachers and substitutes in emergency situations (i.e. - weather, accidents, etc.)
* Volunteers should not contact outside agencies with information or questions concerning UF ECC. Please contact an office administrator if you have any concerns.
* Volunteers are to defer to teachers regarding classroom issues of any kind.
* Volunteers will always refer parents and parent questions to a staff member.

1. **Dress Code/Appearance at UF ECC**Volunteers should dress in an appropriate manner at all times
2. All volunteers **must wear a** **royal/primary blue solid colored shirt**. Summer volunteers may wear a summer camp t-shirt if applicable. Inexpensive shirts can be purchased at a variety of stores for less than $5.00. Gator t-shirts are acceptable if the logo is small.
3. All volunteers are required to wear solid-colored bottoms. Bottoms can include pants, shorts (must be a 7” in-seam or longer), and capris.
   1. No leggings, jeggings, tights, spandex, work-out clothes, yoga pants, jogging pants, sweatpants, or scrubs should be worn.
4. All volunteers must wear a full shoe (closed toe and closed back, i.e. no sandals, flip-flops, or slide-in shoes).
5. No volunteers shall wear facial jewelry. Volunteers who have direct contact with children under two years old may not wear hanging earrings. Jewelry that may be grabbed by a child presents a hazard to both the volunteer and the child.
6. **Volunteers who do not adhere to this dress code will be asked to leave until they return with proper attire. If it becomes an issue, you will be asked not to return.**
7. Perfume, cologne, or scented lotions may not be used due to allergies.
8. There are a few classrooms that are NO SHOE ROOMS. You may wear socks, indoor shoes, or slip covers. Slip covers are provided by the center.
9. **Confidentiality and Privacy**
   * Do not share ANY information about children with anyone except Baby Gator staff
   * Do not talk to parents about children other than theirs, defer to Baby Gator staff
   * Do not take pictures of the children; do not share details about the children or staff on social media.
10. **Responsibilities**
    * Are assigned by the teachers or office staff
    * May include, but are not limited to:

Working with small groups of children

Working one-on-one with a child

Reading stories

Rubbing children’s backs at rest time

Preparing for meals/snacks

Clean-up

Playground interactions with children

Assisting teachers with classroom activities

* May NOT include:

Changing diapers (volunteers may not), pull-ups, or soiled clothing

Putting children on your lap

Carrying children when it is not age-appropriate

Disciplining children

Reporting to parents about children’s behaviors or activities during the day

Playground or classroom supervision, UNLESS a teacher or sub is also present

1. **Unacceptable behaviors**
   * Smoking
   * Doing homework
   * Using either the UF ECC phones or cell phones, unless there is an emergency
   * Sleeping
   * Please do not eat in the classrooms, you may step outside. Be sure to place **ALL** food in the teacher’s refrigerator, **NOT** the children’s refrigerator.
   * Rough housing with the children will not be tolerated, you are not to roll around on the floor with the children or toss them into the air.
   * Please refrain from being overly affectionate with the children.
   * Engaging in personal, adult conversations that interfere with the volunteer’s attention to the children
   * Standing, sitting, laying around and not participating in activities or assisting teachers. **If you are not sure what to do, ASK!**
2. **Important Points to remember**

* Please remember to wash your hands frequently during the day. Before you put on gloves to serve food and even after you remove the gloves when finished, you should wash your hands with soap and water.
* After coming in from the playground is also another good time to wash them. ***When in doubt, just wash them.***
* Please remember to make sure when picking up a child, you are picking them up properly. Both of your hands should be firmly placed under the child’s underarm and then lift. You should never lift a child by one or both arms, as this can cause great injury and possible dislocation to a small child’s extremities, and this will be cause for dismissal from volunteering at UF ECC.

**UF Early Childhood Collaboratory VOLUNTEER GUIDELINES**

\*\*KEEP THIS PAGE\*\*

DO…

Talk quietly and gently with children at all times. Children like to talk about their games, their pictures, their new shoes, etc. Talking with adults gives them confidence and improves language skills, so it is important work.

DO…

Sit in the book corner and invite children to come and hear a story. Sharing a story with one or two children at a time is a very special experience and is probably the best way to encourage children to want to learn to read. Do allow children to talk about the pictures in the book and to “read” to you if they wish.

DO…

Sit down with children at the activity tables and help them with puzzles, pictures, etc. Encourage children to do the activities themselves, even though they may ask you to draw things for them. Adult demonstrations sometimes discourage children because they may feel inadequate.

**ON THE PLAYGROUND**

DO…

Play ball with the children—kickball, basketball, throw and catch. Due to the varied ages of the children, this is best done with one or two children at a time as some children cannot wait to take turns or play organized games.

DO…

Push the children on the swings. Make sure the children are sitting down while they swing and be aware that some children are afraid to go too high or may get motion sickness. Always listen when a child is afraid of an activity. Encourage but never put pressure on a child to do something he or she is not comfortable with. Children know their own limitations.

DO…

Ask for guidance from the teachers. They will gladly let you know whether an activity is appropriate or not. If you are not sure how you can be most useful, ask a teacher what you can do.

DO…

Ask teachers about the children. We have several children at Baby Gator with special needs, but, because we try hard to integrate them fully, it may not be obvious.

PLEASE DON’T…

Engage children in wild physical activities such as swinging them around, tossing them in the air, etc. It can be most intrusive, but young children don’t always know how to say “no” to an adult.

DON’T…

Wrestle with children or encourage them to be aggressive in any way. While there may be a place for roughhousing and wrestling, it is not at school with an adult who does not know them very well.

**UF Early Childhood Collaboratory, Continued**

\*\*KEEP THIS PAGE\*\*

DON’T…

Try to engage teachers and other adults in long conversation. They are there to take care of the children who need constant attention.

DON’T…

Try to solve difficult disputes between children and yourself. Please ask the teachers to help; they know the approaches we use at UF ECC to resolve conflicts.

DON’T…

Be afraid to ask questions. We will always be happy to answer them. Please remember, everyone who works at UF ECC - staff and volunteers alike, is there for the well-being of the children. They are our primary concern.

UF ECC welcomes volunteers from many UF classes and values the help that these students provide in the classroom. Because of the large number of volunteers in the center, we have established the following guidelines for volunteer participating in our program. These guidelines will apply to all volunteers.

* The Volunteer Screening requirements must be completed before volunteer hours can begin.
* Each volunteer must sign in and out in the main office.
* Each volunteer will be provided with a volunteer badge. It must be worn at all times while on the UF ECC campus.
* Volunteers must keep their own record of hours worked, if a set number of hours are required by their class instructor. Please keep up with your volunteer hours on an ongoing basis for quick reference by staff or your instructor.
* Each volunteer must read and follow the Volunteer guidelines, policies, and procedures for UF ECC volunteers.

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***Please return bottom portion only prior to first shift.***

I have read and understand the UF ECC Volunteer Policies & Procedures document **and** the volunteer guidelines (Do’s and Don’ts). I will adhere to these guidelines and regulations at all times while completing my volunteering at a UF ECC center.

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**