



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

Semester: \_\_\_\_\_

Center (circle one): Newell Lake Alice Diamond

*\*\*To be filled out during orientation\*\**

Classroom: \_\_\_\_\_

Day of the Week: \_\_\_\_\_

Time: \_\_\_\_\_

## Volunteer Packet

All of the following documents **MUST** be brought to Baby Gator on the day of your orientation. Missing documents may require the postponement of your placement at Baby Gator.

Course paperwork will not be signed until the entire volunteer packet is complete and the student has gone through the orientation.

\_\_\_ **Attestation of Good Moral Character**

\_\_\_ **Volunteer Acknowledgment**

\_\_\_ **County Background Screening**

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 PRV802 (FERPA Basics) & PRV804 (Protecting SS #s) Online Classes**

(Instructions can be found on page 6 of this packet.)

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

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

\_\_\_ **Uniform Policy, Photography Release & Parking Notice**

\_\_\_ **Volunteer Guidelines** (*read and return JUST the signature page*)

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

If you have questions regarding this packet contact:

Tracie Faulkner, Newell -

tfaulkner@ufl.edu (352-273-8000)



## VOLUNTEER ACKNOWLEDGMENT

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 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 child care 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



## County Background Screening

Baby Gator Child Development & Research Center  
1244 Newell Drive  
Gainesville, FL 32610  
Telephone: (352) 273-8000  
Fax: (352) 273-8747

Alachua County Sherriff's Office  
2621 SE Hawthorne Road  
Gainesville, FL 32602-1210  
Telephone: (352) 392-4000

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.

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.

## **Proof of PRV802 (FERPA Basics) & PRV804 (Protecting SS #s) Online Classes**

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

<http://mytraining.hr.ufl.edu/>

### PVR802 FERPA Basics

- Under the Training Module Instructions, select *Training through the Privacy Office* (“I do not have an active status in myUFL”)
- Read all of the training instructions and then select *Begin FERPA Basics*
- Upon successful completion of the course (70% or higher), print out the Certification page showing your score

### PVR804 Protecting Social Security Numbers

- This class is found under the Training section in the left column
- Click on *Protecting Social Security Numbers*
- Scroll down to the Non Employees section
- Read all of the instructions
- Click on *Begin SSN Training*
- Upon successful completion of the course (70% or higher), print out the Certification page showing your score

## Background Information

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

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

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

### Education Level:

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: \_\_\_\_\_ Instructor \_\_\_\_\_
- \_\_\_ 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. \_\_\_\_\_

## Emergency Contact Information

Name \_\_\_\_\_

### 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: \_\_\_\_\_

## Mandatory Uniform Notice

Baby Gator Volunteers are required to come in uniform. A royal blue solid colored shirt or polo must be worn as well as khaki bottoms. Bottoms can include pants, shorts (shorts must be 7" in-seam or longer), and capris. No jegging or spandex will be allowed. Any volunteer found in violation of the mandatory uniform policy will be sent home. Repeated violations will result in termination of your volunteering placement.

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

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

## Photography Release

Baby Gator staff periodically takes photographs of daily classroom activities. These photographs are occasionally used for newspaper articles or our website. We will not post photographs of any teacher/staff/volunteer who does not give us 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 these photographs may be used on the Baby Gator website or published.

\_\_\_\_ No, I do not give my permission to be photographed.

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

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

## 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: \_\_\_\_\_

## **BABY GATOR 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 to a children 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.

## **BABY GATOR VOLUNTEER GUIDELINES, 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 Baby Gator to resolve conflicts.

### **DON'T...**

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

Baby Gator 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 Baby Gator 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 and Do's and Don'ts for Baby Gator volunteers, as well as attend a volunteer orientation.



**BABY GATOR VOLUNTEER GUIDELINES, Continued**

**\*\*RETURN THIS PAGE\*\***

I have read the Baby Gator volunteer guidelines and the Do's and Don'ts for Baby Gator volunteers. I will adhere to these guidelines and regulations at all times while volunteering at a Baby Gator center.

Signature \_\_\_\_\_

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

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



### Personal Reference Check

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 care taker 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? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

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

4. Would you trust the applicant with your own children? \_\_\_\_\_

5. Additional Comments: \_\_\_\_\_

\_\_\_\_\_

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

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

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



### Personal Reference Check

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

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

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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

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

9. Would you trust the applicant with your own children? \_\_\_\_\_

10. Additional Comments: \_\_\_\_\_

\_\_\_\_\_

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

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

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



# CHILD CARE ATTESTATION OF GOOD MORAL CHARACTER

State of Florida

County of \_\_\_\_\_

I, \_\_\_\_\_ who, 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 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
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 : \_\_\_\_\_ Date: \_\_\_\_\_

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