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
___ 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)
___ Child Abuse and Neglect Form

If you have questions regarding this packet contact:

Payton Strader, Lake Alice Secretary-   payton10@ufl.edu
(352-392-2330)

Updated 12/11/15
County Background Screening

Baby Gator Child Development & Research Center
793 Corry Circle
Gainesville, FL 32611
Telephone: (352) 392-2330
Fax: (352) 846-0503

Alachua County Sheriff’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 Sheriff’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 serve in the child care program known as ________________________________.

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 am the owner/operator/director of the child care program identified above. The above 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 __________________________
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://privacy.health.ufl.edu/training/FERPA/index.shtml

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: ______________________________________________
___ 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 material 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 child who 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.
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 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:

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:  ________________________

Updated 10/15/14
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:

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:  ________________________

Updated 10/15/14
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 794.041 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 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: ____________________

In Witness Whereof, Employee has attested to Good Moral Character on this date ________________.

SIGNATURE of Owner/Director: _____________________________
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

* 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](http://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

CF-FSP 5337, October 2012  [65C-22.006(4)(c) & 65C-20.008(5), F.A.C.]