



INDIVIDUAL VOLUNTEER APPLICATION

We are delighted that you have chosen to volunteer at Winter Park Day Nursery. We want you to enjoy yourself so we have made the volunteer process as painless as possible.

State law requires that you read and sign the Attestation of Good Moral Character and Child Abuse and Neglect Reporting Requirements. As well as the Affidavit of Volunteer, which needs to be notarized. There is a notary at the daycare.

We request that you fill out our volunteer sign-up sheet so we can track the volunteer hours.

Once you complete the paperwork please call and let us know when you would like to come. Office: 407-647-0505 or email: megan@wpdaynursery.org. Thank you.

INSTRUCTIONS

1. Please read all of the included documents.
2. The Affidavit of Good Moral Character MUST be signed in the presence of a notary.
3. Sign the Child Abuse & Neglect Reporting Requirements. Reports should be made immediately to the centralized Florida Abuse Hotline Information System at: 1-800-96-ABUSE (1-800-962-2873), by fax to 800-914-0004, or online at <https://reportabuse.dcf.state.fl.us>
4. Sign the Volunteer Acknowledgement.
5. Sign the WPDN Photo Permission and Release.
6. Sign acknowledgement at the bottom of Volunteer Sign-In sheet.
7. The following documents should be brought in and will be filed under your last name in the Volunteer binder located at the front desk:
 - a.) All signed documents (Affidavit of Good Moral Character, Child Abuse & Neglect Reporting Requirements, Volunteer Acknowledgement, & Photo Permission and Release).
 - b.) Volunteer Sign-In sheet- Be sure to sign the bottom.
 - c.) The rest of the documents are for you to keep.

Thank you for volunteering at Winter Park Day Nursery!



Volunteer Guidelines and Information

Volunteers will be assigned to a teacher and/or classroom, or to a particular student to be that child's buddy. They will stay with that teacher and class, or with that student for their time at WPDN.

Basic volunteer guidelines:

- Volunteers must be 16 years old and above without a guardian
- Check in and out at the front desk
- Wear WPDN nametags so they can be identified as volunteers
- Adhere to our cell phone free zones

Volunteer Dress Code:

- Dress in clothes suitable for school and for outdoors.
- Do not wear revealing, tight clothing, or clothing that has suggestive phrases or lettering.
- Wear comfortable, closed-toe shoes.

Language Enhancement

Language ability directly affects literacy ability. Children from lower-income families with less education enter kindergarten knowing 2,000 fewer words than children from more middle-class backgrounds. In an effort to help our children enter kindergarten with skills equal to their peers, the Winter Park Day Nursery encourages volunteers to come and play with the children. Below are some ideas you can use to increase the vocabulary and literacy abilities of our children:

- Read, but have fun with it! Follow the words with your finger as you read.
- Be dramatic and animated as you read. Use silly voices and facial expressions.
- Ask children to predict what will happen next or how the book will end.
- Talk to children about what they are doing when engaging in play with them. ("You kicked the ball across the playground.")
- Engage them in real conversations.

Other information:

- Refrain from picking the children up or allowing them to sit in your lap.
- Do not take children to the bathroom, or help them dress or undress. Redirect the children to the teacher if they need help.
- Do not provide any first aid. If a child gets hurt, immediately tell the teacher.
- If the fire alarm goes off while you are here, assist the teacher in escorting the children outside to the playground. Children are to line up by the fence as far away from the building as possible.

Volunteer Signature

Date



CHILD CARE 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 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 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 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: _____



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
 - Online at <http://www.dcf.state.fl.us/abuse/report/>.
 - * 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 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



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



WINTER PARK DAY NURSERY VOLUNTEER
PHOTOGRAPH PERMISSION AND RELEASE

Because of our reputation and good standing in the community, reporters, news stations and guests will occasionally visit our school for various photo opportunities. Further, because of our need for outside funding sources and the fact we love to show off what great things are happening in our school we are asking your permission to include you in these opportunities to spread the good news of great happenings and promote the Winter Park Day Nursery.

By signing below, you will grant the Winter Park Day Nursery, its successors and/or assigns, the permission to use the your name, photograph, likeness, work, and/or your voice to reproduce, distribute, publish, exhibit and transmit by any mechanical or electrical means for the purposes of promoting and advertising the Winter Park Day Nursery, its successors and/or assigns, or any agencies providing funding to the Winter Park Day Nursery.

The undersigned, upon certain good and valuable consideration, receipt of which is acknowledged, does hereby grant the Winter Park Day Nursery, its successors and/or assigns and such agencies which provide funding to the Winter Park Day Nursery, the perpetual and unrestricted right in and to use of your name, photograph, likeness, work, and/or your voice for the purpose and in the manner provided above.

Further, the undersigned, does hereby release the Winter Park Day Nursery, its successors and/or assigns and such agencies which provide funding to the Winter Park Day Nursery, from any and all claims, actions and demand arising out of or in connection with the use of said name, photograph, likeness, work or voice. I have signed this form voluntarily and with knowledge of its significance.

Print Name

Date

Signature

Date



Volunteer Sign-In

Name:	Phone:
Emergency Contact Name:	Phone:
Address:	City/Zip:
Email address:	School/Organization:
Did you hear about us through Hands On Orlando?	If no, how did you hear about us?

Record

Date	Time In	Time Out	Total Hours	Activities

I have read the above rules and regulations and agree to follow them. I understand that volunteers who do not uphold WPDN's high standards will be asked to leave and if appropriate, their school will be notified.

Signature: _____

Date: _____