



A Child Placing & Child Caring Agency

VOLUNTEER APPLICATION

PO Box 1264 | Thonotosassa, FL 33592 | (813) 982-9226 Ext. 240 | everydayblessings@everybless.org

* PERSONAL INFORMATION

Name: _____

Address: _____

City/ zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

E-mail address: _____

Date of Birth _____ Social Security NO: _____

* EMPLOYMENT INFORMATION

Current Employer: _____

Work Address: _____

Position: _____

Does your employer match volunteer hours? ☐ Yes ☐ No At what level? _____

You must be at least 13 to volunteer. Volunteers under 18 must have a parent/guardian complete the consent form. Age if under 18 _____ Volunteers age 12 and under must be accompanied by a parent or guardian.

* VOLUNTEER INTERESTS/SKILLS

I would be interested in assisting with (check all that interests you):

Administrative: ☐ Filing ☐ Phone Calling ☐ Computer /Data Entry ☐ Desktop Publishing ☐ Newsletter, press releases, marketing ☐ Other (specify: _____)

Fundraising: ☐ Golf Tournament Committee ☐ Taste of Hope Committee ☐ Beef O'Brady's Fund Raiser ☐ Organize and Execute a Fund Raiser

Household: ☐ Sorting Donations ☐ Cooking Assistant ☐ Housecleaning ☐ Yard Maintenance ☐ Repairs ☐ Other (specify: _____)

Children: ☐ Child Care (daytimes, M-F) ☐ Mentor (min. 2 times/month) ☐ Homework help: Math & Reading (from 3:00- 4:30 p.m. Monday -Thursday) ☐ Art, Dance or Music Instructor ☐ Birthday Partner ☐ Maintain Children's Library ☐ Taking Photos ☐ Create/Maintain Photo Albums ☐ Transport to Recreation Activity & Supervise ☐ Sports Activities Coordinator ☐ Room Coverage (4:30 – 8:30) ☐ Other (specify : _____)

Everyday Blessings will make every effort to place you in a volunteer opportunity that matches your interests. Volunteer assignments are made based on the needs of the program.

List any skills, hobbies, or interests you have that might be helpful in your volunteer work:

(Continued on other side)

* VOLUNTEER EXPERIENCES

List previous experiences (volunteer, paid or educational) that would be helpful in working at Everyday Blessings.
(Continue on separate page if needed.)

Activity	Organization	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

* AVAILABILITY

I am interested in volunteering: ☐ on a weekly basis ☐ as needed

For each day, indicate times you might be available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

May we contact you with short notice when we need assistance? ☐ Yes ☐ No

* EMERGENCY CONTACT INFORMATION

Primary Contact: Individual to be notified in case of emergency:

Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

Secondary Contact: Individual to be notified in case of emergency:

Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

*** ACKNOWLEDGEMENT AND RELEASE:** I attest that all the information I have provided herein is complete and true. I understand the application does not ensure appointment to any volunteer position and that all volunteer positions are reviewed and maintained at the discretion of the administration of Everyday Blessings. I will adhere to the Everyday Blessings Volunteer Guidelines and Provisions. In addition, I hereby release and hold harmless Everyday Blessings and its employees, volunteers, or agents from any liability or claim of compensation for any accidents, injuries, or illnesses that may occur to myself or damages to my property sustained in the performance of my volunteer activities.

SIGNATURE: _____ DATE: _____

For more information please visit our website at www.everybless.org.

Thank you for your interest in volunteering at Everyday Blessings.

Volunteer Guidelines and Provisions

This agreement is intended to indicate the importance of the Everyday Blessings' Volunteer Program. We appreciate your contributions to Everyday Blessings and are committed to providing you with a meaningful and rewarding experience.

VOLUNTEER GUIDELINES: I agree to serve as a volunteer and commit to the following:

- ✓ To adhere to Everyday Blessings Policies and Procedures and safety regulations pertaining to the volunteer job
- ✓ To complete tasks and assignment to the best of my ability
- ✓ To meet agreed upon commitments or provide adequate notice so that alternative arrangements can be made
- ✓ To provide an attendance record by signing in for each visit including my name, start time, location/task, end time
- ✓ To assume responsibility for obtaining formal parent/guardian consent for participants under the age of 18 years.

VOLUNTEER PROVISIONS:

1. Volunteers are bound and shall comply with all provisions of this agreement and the instructions of the staff of Everyday Blessings while performing any work authorized by this agreement.
2. Care shall be exercised at all times to protect the children residing at Everyday Blessings.
3. A volunteer must participate in an orientation/training prior to beginning volunteer service at Everyday Blessings;
4. **I acknowledge that I have received the Everyday Blessings Volunteer Policy Handbook** (The Handbook) stating the Policies and Procedures for Volunteering at Everyday Blessings. I have reviewed and understood all of the information contained within The Handbook and **I will comply with all Policies and Procedures for Volunteering at Everyday Blessings.** I understand that noncompliance with these Policies and Procedures for Volunteering may lead to my dismissal from the Everyday Blessings Volunteer Program.
5. By signing this Agreement I acknowledge that I have completed the Everyday Blessings Training for Abuse/Neglect Recognition and Reporting. I have reviewed and understood all of the information contained within the Abuse/Neglect Reporting Guidelines for Volunteers. **I understand that noncompliance with these Policies and Procedures for Abuse/Neglect Recognition and Reporting may lead to my dismissal from the Everyday Blessings Volunteer Program.**
6. **I understand and agree that all information as it relates to child abuse records and clientele are to be held confidential in compliance with the Child Abuse Statue, Florida Statute 415.513(2) which state "any person who willfully or knowingly makes public or discloses any information contained in the child abuse registry or the records of any child abuse case except as provided in this section is guilty of a misdemeanor of the second degree."** I further agree to treat any such information on clients, volunteers and donors that should come to my attention and knowledge as privileged and confidential, and that I will not disclose such information to anyone other than authorized persons.
7. A volunteer must work out a weekly schedule of volunteer hours with the department in which the volunteer is assigned.
8. A volunteer is expected to be faithful in honoring his/her commitment; in the event that the volunteer is not able to work on a day assigned, he/she will notify the assigned department.
9. Provisional and Basic level volunteers must be supervised by an Everyday Blessings' employee or fully cleared volunteer.
10. Everyday Blessings and its officers, employees and agents shall not be held liable for any death, injury, or property damage claims arising from volunteer work. If any claim arises out of the forgoing, the organization/volunteer shall defend, indemnify and save harmless Everyday Blessings and its officers, employees and agents from the same.
11. **Volunteers age 12 and under must be accompanied by a parent or guardian.**
12. This agreement shall be cancelled by Everyday Blessings for non-conformance with the agreement provisions or failure to adhere to direction given by Everyday Blessings staff.
13. I understand that Everyday Blessings may record my photograph, videotape and/or conduct an interview for future use in volunteer-related material. I understand that my photo, video and/or quote may be used for the sole purpose of volunteer recruitment, recognition and publicity. I understand that my photo, videotape and/or quote may be included on the Everyday Blessings' web page, in literature distributed to the public or on display units in public areas. I realize that my participation is voluntary, and that I will receive no compensation. I further understand that photographs, videotape and quotes become the property of Everyday Blessings.
14. As a volunteer, I am not an employee of Everyday Blessings; I understand that I am not covered by Workers' Compensation and that my volunteer agreement may be cancelled at any time. If I use my own vehicle for any Everyday Blessings business, I will maintain State licensing and insurance as required by law and provide a copy of such to Everyday Blessings.

SIGNATURE: _____ DATE: _____



A Child Placing & Child Caring Agency

**STATE OF FLORIDA
FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES SERVICES
RELEASE OF INFORMATION**

I (we) hereby authorize the release of information requested by **EVERYDAY BLESSINGS, INC.** to be utilized in determining my (our) suitability to become
() an employee, () intern and/or () volunteer.

I (we) hereby grant permission to **EVERYDAY BLESSINGS, INC.** and **THE FLORIDA DEPARTMENT OF CHILDREN & FAMILIES** to obtain information from local, state and federal agencies to determine our suitability to serve as an employee, intern and/or volunteer. I (we) understand, however, that a history of arrest reported by any of these agencies will not necessarily prohibit my (our) participation as an () employee, () intern and/or () volunteer.

I (we) hereby authorize the release of any information requested by the Florida Department of Children and Families Services to obtain information required for employment, personal, doctor and school references. I (we) understand that this information is a licensing requirement and information obtained will be used to determine my (our) suitability to serve as an employee, intern and/or volunteer.

Pursuant to Florida Statute 415.514 (4), I (we) hereby authorize **EVERYDAY BLESSINGS, INC.** and **THE FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES SERVICES** to make inquiry of the central abuse registry and tracking system in regard to the existence of any confirmed report of abuse, neglect, or exploitation and the results of any investigation pursuant hereto.

APPLICANT

DATE

APPLICANT

DATE

ADULT HOUSEHOLD MEMBER

DATE

NOTE: All adult members (age 18 and over) of the household will be responsible for consent to these record checks.



☐ Original
☐ Annual

FPSS BACKGROUND CHECK

I. To Be Completed by APPLICANT: PLEASE PRINT LEGIBLY. ALL information must be completed or form will be returned.

I (we) hereby give consent for the Department of Children and Families to conduct a check of reports of abuse, neglect, or exploitation on record concerning me. I (we) also consent to a check of acts of delinquency for background checks requiring the same.

Applicant's Signature	Date	Current Phone Number			Applicant's Signature			Date
	Last Name	First Name	Full Middle Name	Maiden/Prior Last Names	Race/Sex	Date of Birth	Social Security Number	
Applicant(s)								
Spouse								
Children and Household members								
DO NOT LIST								
Foster Care Clients								

List all residences within the State of Florida from 1978 until present. In the event of multiple occupancy within one county, list address of longest occupancy.

1. Applicant's Present Address	Street	City	Zip Code	County	Date of Residence
2. Applicant's Previous Address	Street	City	Zip Code	County	Date of Residence
3. Applicant's Previous Address	Street	City	Zip Code	County	Date of Residence

II. To Be Completed by EMPLOYER, DEPARTMENT REPRESENTATIVE or FACILITY Requesting Background Check
Please Mark Block Which Best Describes Applicant Whose Record Is To Be Checked:

SUMMER CAMP
☐ Employee
☐ Program Director
☐ Volunteer

FhAN
☐ Household Member
☐ Owner/Operator
☐ Sitter/Relief

ICF/MR:
☐ Program Director
☐ Staff

DAY CARE
☐ Employee
☐ Owner/Operator
☐ Owner/Operator (Facility located in or adjacent to owner/operator's home)

GROUP HOME
☐ Household member
☐ Owner/Operator
☐ Sitter/Relief

CONTRACTED DELINQUENCY PROGRAMS:
☐ Employee
☐ Program Director

DCF
☐ Employee
☐ Program Director
☐ Volunteer

NURSING HOME
☐ Certified Nursing Assistant
☐ Owner/Operator
☐ Staff

ALCOHOL/DRUG ABUSE/ MENTAL HEALTH:
☐ Employee
☐ Program Director

FAMILY DAY CARE HOME
☐ Household member
☐ Owner/Operator
☐ Sitter/Relief

HOME HEALTH CARE
☐ Owner/Operator
☐ Staff

VOLUNTEER:
☒ EVERYDAY BLESSINGS
☐ Program/Facility

SHELTER CARE
☐ Household member
☐ Owner/Operator
☐ Sitter/Relief

ACLF
☐ Owner/Operator
☐ Staff

OTHER:
☐ Adult Foster Care
☐ Adult Sitter
☐ Home Care for the Elderly
☐ Private Baby-sitter
☐ RN/LPN
☐ Other

HOME STUDY
☐ Divorce/Custody/Adoptions/
☐ OTI/PIC

I (we) agree to keep confidential all information received as a result of background checks conducted, as required by Florida Statutes. I (we) understand that release of this information to unauthorized persons is prohibited by law.

Everyday Blessings

Signature of Requesting Party

Date

REQUESTOR'S NAME: Box 1264

TELEPHONE NUMBER

COUNTY IN WHICH LOCATED

REQUESTOR'S STREET ADDRESS: Thomasassa, FL 33592-1264

CITY

ZIP CODE

APPLICANT'S DATE OF EMPLOYMENT



AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of _____

Before me this day personally appeared _____ who, being duly
(Applicant's/Employee's Name)
sworn, deposes and says:

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 the Florida Statutes and rules, 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 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

CONTINUED ON NEXT PAGE

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

THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR MENTAL HEALTH POSITIONS

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for "Mental Health Personnel" screened pursuant to section 394.4572, F.S., defined as program directors, professional clinicians, staff members, or volunteers working in a public or private mental health program or facility who have direct contact with individuals held for examination or admitted for mental health treatment. **The additional offenses apply only to "Mental Health Personnel" as determined pursuant to Section 408.809, F.S. as listed below:**

	<u>Relating to:</u>
Chapter 408	felony offenses contained in Chapter 408
Section 408.8065(3)	offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.920	Medicaid provider fraud
Section 409.9201	Medicaid fraud
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
Section 817.234	false and fraudulent insurance claims
Section 817.505	patient brokering
Section 817.568	criminal use of personal identification information
Section 817.60	obtaining a credit card through fraudulent means
Section 817.61	fraudulent use of credit cards, if the offense was a felony
Section 831.01	forgery
Section 831.02	uttering forged instruments
Section 831.07	forging bank bills, checks, drafts or promissory notes
Section 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section 831.30	fraud in obtaining medicinal drugs
Section 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony.

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21; a career offender pursuant to s. 775.261; or a sexual offender pursuant to s. 943.0435, unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354.

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.

CONTINUED ON NEXT PAGE

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: _____



PARENT / GUARDIAN CONSENT FORM FOR MINORS

I, _____
as parent or legal guardian of _____
hereby give my consent for him/her to participate as a volunteer at Everyday Blessings, a
non profit charitable organization. In addition, I hereby release and hold harmless
Everyday Blessings and its employees, volunteers, or agents from any liability or claim
of compensation for any accidents, injuries, or illnesses that may occur to my child from
his/her participation as a volunteer with Everyday Blessings. I further understand that
he/she must comply with the following guidelines:

- ✓ A volunteer must participate in an orientation/training prior to beginning volunteer service at Everyday Blessings;
- ✓ A volunteer must work out a weekly schedule of volunteer hours with the department in which the volunteer is assigned;
- ✓ A volunteer is expected to be faithful in honoring his/her commitment; in the event that the volunteer is not able to work on a day assigned, he/she will notify the assigned department;
- ✓ A volunteer must be supervised by an Everyday Blessings' employee; and
- ✓ A volunteer must follow all safety regulations pertaining to the volunteer job.

I also understand that, should he/she fail to comply with the guidelines or fail to keep a commitment without advance notice, participation in the program will be re-evaluated.

If at any time I have any questions about the process, the placement, or activities of the volunteer applicant, I can call the Volunteer Office at (813) 982-9226, ext. 240.

Parent or Legal Guardian's signature: _____	Date: _____
Parent or Legal Guardian's full name: _____	
Mailing address: _____	
Home Phone #: _____	Mobile #: _____
Email address: _____	
Minor's Name: _____	Minor's birth date: _____