



TAKE STOCK IN CHILDREN

Prospective Mentor Application Packet

Thank you for applying to serve as a volunteer for the Take Stock In Children program. Mentors are a vital part of our service to Clay County students.

RESPONSIBILITIES

- Sign in before weekly meetings in Mentor Log Book
- Report to College Success Coach regularly (at least once per quarter) via phone or email on any progress or issues that may arise (i.e. student missing meetings, struggling in a subject, etc.)
- Follow relevant policies and procedures as laid down by Take Stock in Children in the delivery of the role of volunteer mentor
- Help students to maintain their commitment to their contract with Take Stock in Children which includes remaining drug and crime free, staying in school, maintaining good grades and behavior and meeting with their mentor weekly

TIME COMMITMENT

Mentors are required to volunteer one (1) hour per week, during the school day, for the duration of the school year. A one-year commitment is the minimum requirement. Field trips and workshops are offered as opportunities to spend time with the student outside of school but are not required.

NEXT STEPS

The enclosed application must be completely filled out and can be mailed or faxed to the Take Stock In Children office. If you have any questions about the application process, please contact us at 904.272.4304.

CHECKLIST:

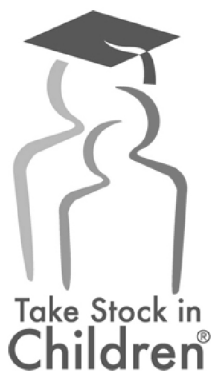
- ☐ Redwoods Online Trainings
- ☐ TSIC Policy Adherence Agreement
- ☐ YMCA Volunteer Application
- ☐ YMCA Volunteer Guidelines
- ☐ DCF Affidavit of Good Moral Character **(must be notarized)**
- ☐ Clay County School District Volunteer Registration Form (please disregard #6 under Security Information)

MAIL: Take Stock in Children
Dye Clay Family YMCA
3322 Moody Avenue
Orange Park, FL 32065

FAX: 904.272.8796



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TRAININGS NEEDED TO VOLUNTEER

As a volunteer at your YMCA, you help to shape and support your community, and we thank you for your commitment. We value your involvement in the Take Stock in Children program and your impact in influencing positive growth and development for young people.

To be cleared to volunteer, along with your application, we ask that you complete two (2) mandatory online training courses located on the Redwoods training website, <http://firstnetcampus.com/Redwoods/entities/YMCA/logon.htm>.

To complete these trainings, please go to the above website and follow the instructions below:

- Click on "I Am a New User," or if you are returning, log in to your account.
- Enter the state of **Florida** and choose **YMCA of Florida's First Coast – School Age Services**
- Enter the access code that corresponds with your location: School Age Services: **011217**
- Create your account and be sure to write down your username and password.
- Once inside the Redwoods website, you will click on Youth Programs.
- On the left side of the website, you will see a list of courses. Complete the **Child Sexual Abuse Prevention** and **Social Media and Technology** trainings.
- When you have successfully completed these courses, please print the two (2) certificates and return them with your volunteer application to the YMCA.

The quiz at the end can be taken multiple times until there is a passing score. The certificates can be re-printed at a later time if there is not a printer available. You can do this by clicking on the Student Center Tab at the top of the home screen.



MENTOR POLICY ADHERENCE AGREEMENT

The undersigned acknowledges and agrees that 1) he or she is not obligated, if called upon, to perform the volunteer services herein applied for; 2) Take Stock is not obligated to assign or actively seek to assign him/her a Take Stock student; 3) as part of the Take Stock matching process, additional information may be requested from the applicant; and 4) Take Stock reserves the right at all times to terminate any match between any volunteer mentor and student for whatever cause.

I declare that all of the statements made in this application are true, complete and correct to the best of my knowledge.

Applicant Signature

Date

As a mentor in the Take Stock in Children program, I will always act in a behavior that is in the best interest of my student. Accordingly, I pledge to each of the following volunteer policy statements. **Please initial your approval next to each statement.**

- _____ I will notify Take Stock in Children if I must terminate my mentor position for any reason.
- _____ I will notify my student or his or her school liaison or the Take Stock College Success Coach if I am unable to attend a previously scheduled meeting.
- _____ I will not willfully arrange contact with my student off school property and not under the supervision of Take Stock in Children or the Clay County School Board.
- _____ I will not drive my student in my car.
- _____ I understand that Take Stock in Children will terminate my relationship with my student if I violate any of the above policies.



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VOLUNTEER APPLICATION

THE YMCA OF FLORIDA'S FIRST COAST IS AN EQUAL OPPORTUNITY EMPLOYER.
PLEASE PRINT CLEARLY. COMPLETE ALL SECTIONS.

Complete all sections. Missing information will need to be collected in order to process your application.

PERSONAL INFORMATION

FIRST NAME	MIDDLE	LAST NAME
MAIDEN NAME		
CELL PHONE ()	HOME PHONE ()	WORK PHONE ()
EMAIL		
DATE OF BIRTH	SOCIAL SECURITY NUMBER (REQUIRED)	
RACE	BIRTH PLACE	
SEX M / F	U.S. CITIZEN? Y / N	
I HAVE PREVIOUSLY VOLUNTEERED FOR THE YMCA OF FLORIDA'S FIRST COAST. Y / N		
I AM INTERESTED IN VOLUNTEERING IN THE FOLLOWING AREAS:		

RESIDENCES

List all residences for the past 10 years, including college dorms and apartments. Do not list P.O. Boxes.

CURRENT STREET ADDRESS	APT.		
CITY	STATE	ZIP	YEARS/MONTHS
STREET ADDRESS			APT.
CITY	STATE	ZIP	YEARS/MONTHS
STREET ADDRESS			APT.
CITY	STATE	ZIP	YEARS/MONTHS

EMPLOYMENT HISTORY

List all current and previous employers for the past 5 years.

CURRENT EMPLOYER	POSITION	DATES EMPLOYED	YEARS/MONTHS
STREET ADDRESS	CITY	STATE	ZIP
PRIOR EMPLOYER #1	POSITION	DATES EMPLOYED	YEARS/MONTHS
STREET ADDRESS	CITY	STATE	ZIP
PRIOR EMPLOYER #2	POSITION	DATES EMPLOYED	YEARS/MONTHS
STREET ADDRESS	CITY	STATE	ZIP

DECLARATION

A record does not automatically mean you will not be offered a position as a volunteer. Circumstances, age and seriousness of the incident are all important considerations in determining your eligibility. Typically, felonies, crimes of violence/abuse and sexually related crimes result in a disqualification.

HAVE YOU EVER BEEN **ARRESTED** OF A CRIMINAL OFFENSE? Y / N

HAVE YOU EVER BEEN **CONVICTED** OF A CRIMINAL OFFENSE? Y / N

HAVE YOU EVER RECEIVED **DEFERRED ADJUDICATION** FOR A CRIMINAL OFFENSE? Y / N

IF "YES", PLEASE EXPLAIN THE NATURE, DATE(S), LOCATION(S), AND DISPOSITION OF ALL OFFENSES.

CONSENT FOR ARREST AND CONVICTION RECORD

I understand that the YMCA uses a third party to perform background checks on all volunteers. I hereby give my permission for the YMCA to obtain information relating to my criminal history record. I understand that this information will be used to determine my eligibility for a volunteer position with this organization. I also understand that as long as I remain a volunteer here, the YMCA may repeat this criminal history records check at any time.

I hereby affirm that my answers to the forgoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in the application may result in my discharge.

NAME (PRINTED)

SIGNATURE

PARENT SIGNATURE IF MINOR

DATE

REFERENCES

Please list the names of 4 people that have known you for at least 3 years. Include one family member.

NAME	RELATIONSHIP	YEARS/MONTHS
CELL PHONE ()	WORK PHONE ()	
NAME	RELATIONSHIP	YEARS/MONTHS
CELL PHONE ()	WORK PHONE ()	
NAME	RELATIONSHIP	YEARS/MONTHS
CELL PHONE ()	WORK PHONE ()	
NAME	RELATIONSHIP	YEARS/MONTHS
CELL PHONE ()	WORK PHONE ()	

GENERAL INFORMATION / TRAINING / CERTIFICATIONS / EDUCATION

HAVE YOU EVER FILLED OUT A VOLUNTEER APPLICATION FOR THE YMCA? Y / N

DO YOU HAVE CHILDREN PARTICIPATING IN OUR VARIOUS YOUTH SPORTS PROGRAMS? Y / N

WHAT IS YOUR EDUCATION LEVEL? HIGH SCHOOL _____ BACHELORS DEGREE OR HIGHER _____

WHAT SPORTS HAVE YOU COACHED PREVIOUSLY?

WHAT TRAININGS, FORMAL OR INFORMAL, HAVE YOU COMPLETED THAT WOULD QUALIFY YOU TO COACH YOUTH?

WHAT SPORTS CERTIFICATIONS DO YOU HOLD?

THE YMCA REQUIRES ALL VOLUNTEERS TO COMPLETE AN ABUSE PREVENTION COURSE PRIOR TO VOLUNTEERING. ARE YOU WILLING TO COMPLETE THIS COURSE?

Y / N

THE YMCA REQUIRES ALL COACHES TO COMPLETE AN ONLINE COACHING COURSE AND ONLINE SPORT SPECIFIC CERTIFICATION COURSE. ARE YOU WILLING TO COMPLETE THESE COURSES PRIOR TO COACHING?

Y / N

WHAT OTHER ORGANIZATIONS HAVE YOU VOLUNTEERED WITH (IF ANY)?

YMCA'S POSITION ON THE NATION-WIDE PROBLEM OF CHILD ABUSE

The YMCA endorses and enforces its policies and practices to prevent child abuse. Our first priority in all youth programs is care and safety. We make every effort to prevent child abuse; verbal, physical, emotional or sexual. The YMCA's goals are to support and strengthen the family unit, help children develop to their fullest potential and deliver the program in a positive YMCA environment of safety, support and care. The YMCA is aware that there may be people who want to work or volunteer here for the wrong reasons. To prevent access to the kids we serve by those individuals, we check every applicant's criminal history and speak with individuals about their character as well as job skills. We structure our programs so that no staff member or volunteer is left alone with a child or other vulnerable individual. We try to prevent any opportunity for abuse and we periodically interview children and others about their experiences in the program. We take all allegations, including those from children, very seriously. We refer all allegations to the authorities for investigation, and we cooperate fully with any investigation. Wrongdoers need to know that this is a very risky place to attempt to abuse children or the vulnerable. This thorough process not only protects the people in our care, but it also minimizes the potential for false abuse allegations against innocent staff members and volunteers.

All candidates will be subject to a thorough background investigation to screen out molesters which may include, but is not limited to, the following: references of past employers, personal references military records, volunteer organization history, civic involvement, criminal background history, personal characteristics/activities, psychological testing, periodic interviews with children and parents about day-to-day experiences, encouraging reports of anything out of the ordinary.

I HAVE READ AND UNDERSTAND THE YMCA'S POSITION ON THE NATION-WIDE PROBLEM OF CHILD ABUSE.

SIGNATURE

DATE

VOLUNTEER BEHAVIORAL CODE OF CONDUCT

- At no time during a YMCA program may a volunteer be alone with a single child where they cannot be observed by others.
- Volunteers shall never leave a child unsupervised.
- I understand that the YMCA requires that a minimum of two adults be present during all activities.
- If a child needs to use the rest room, the volunteer we ask their parent to accompany them. If the parent is not available, the volunteer will notify a YMCA staff member. The YMCA staff member, along with two others, will accompany the child to the rest room as per YMCA policy to the rest room. The staff person will insure the rest room is not occupied before allowing the child to use the facilities. The staff person will remain at the doorway with the two other individuals.
- Volunteers shall not abuse children in anyway, including:
 - Physical Abuse – strike, spank, shake, slap;
 - Verbal Abuse – humiliate, degrade, threaten;
 - Sexual Abuse – inappropriate touch or verbal exchange;
 - Mental Abuse – shaming, withholding love, cruelty;
 - Neglect – withholding food, water, basic care, etc.
- Volunteers must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison, and criticism. Volunteers will have age-appropriate expectations and set up guidelines and environments that minimize the need for discipline. Volunteers will not use physical restraint.
- Volunteers will respond to children with respect and consideration and treat all children equally regardless of sex, race, religion, culture, economic level of the family, or disability.
- Volunteers will respect children's rights to not be touched in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched in areas of their bodies that would be covered by a bathing suit.
- Volunteers will refrain from intimate displays of affection towards others in the presence of children, parents, and staff.
- While the YMCA does not discriminate against an individual's lifestyle, it does require that in the performance of their job they will abide by the standards of conduct set forth by the YMCA.
- Volunteers must appear clean, neat, and appropriately attired.
- Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited.

- Smoking or use of tobacco in the presence of children or parents during working hours is prohibited.
- Profanity, inappropriate jokes, sharing intimate details of one's personnel life, and any kind of harassment in the presence of children, parents, staff or other volunteers is prohibited.
- Volunteers must be free of physical or psychological conditions that might adversely affect children's physical or mental health. If in doubt, an expert should be consulted.
- Volunteers will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.
- Volunteers may not be alone with children they meet in YMCA programs outside of the YMCA. This includes babysitting, sleepovers, and inviting children to your home. Any exceptions require a written explanation before the fact and are subject to administrator approval.
- Volunteers may not date program participants under the age of 18 years of age.
- Under no circumstance should Volunteers release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA).
- Volunteers are required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.
- Using YMCA computers to access pornographic sites, send emails with sexual overtones or otherwise inappropriate messages, or develop online relationships is not allowed.
- Volunteers should immediately report injuries to themselves or program participants to a YMCA staff member.
- Volunteers may not give excessive gifts (e.g., TV, video games, jewelry) to youth.
- Volunteers will act in a caring, honest, respectful, and responsible manner consistent with the mission of the YMCA.
- Possession or use of any type of weapon or explosive device is prohibited.
- Volunteers shall not give children gifts or special favors. Volunteers shall not accept gifts from participants.
- Volunteers may not hold extra or special practices or provide one-on-one training. YMCA staff must be present at all times.
- Volunteers may not hold off-site practices without YMCA knowledge.
- Volunteers are not to transport children in their own vehicles.
- Volunteers are to report to a supervisor any other volunteer or staff who violates any of the policies listed in the Code of Conduct.

I HAVE READ AND UNDERSTAND THE ABOVE AS EXPLAINED TO ME: I AGREE TO ABIDE BY ALL OF ITS CONDITIONS. I UNDERSTAND THAT ANY VIOLATION OF THE VOLUNTEER BEHAVIORAL CODE OF CONDUCT MAY RESULT IN TERMINATION. I UNDERSTAND THAT THE YMCA HAS A ZERO TOLERANCE STANDARD FOR ABUSE AND INAPPROPRIATE BEHAVIOR BY VOLUNTEERS.

SIGNATURE _____

DATE _____

VOLUNTEER ACKNOWLEDGEMENT

- I am aware of the YMCA Emergency Procedures/Safety Policy. I have read, understand and agree to abide by these procedures.
- I understand that the policy of the YMCA is to refer all inquiries from the media or press to the appropriate YMCA staff person
- I understand that I am required by law to report known or suspected instances of child abuse and that not doing so is considered a misdemeanor. Call 1-800-96-ABUSE and notify the Branch Director.
- I understand that allegations or suspicions of child abuse are taken very seriously by the YMCA and will be reported to the State for investigation and that the YMCA will fully cooperate with any related investigation and will pursue the prosecution of child abusers to its fullest extent of the laws of the State. I, as a volunteer, agree to cooperate with the investigation required.
- I have read and understand that any violation of the Code of Conduct, Ethics & Rules may be grounds for removal as a volunteer.
- I understand the YMCA does not provide insurance and related benefits to volunteers.
- I understand the YMCA does not offer free memberships to volunteers. Volunteers may not trade their time for a free or reduced cost in program participation.
- I agree to immediately report any accidents or injuries of myself and participants to the YMCA Branch Director
- I understand the YMCA is not responsible for my personal property lost, damaged or stolen while participating in YMCA volunteer activities.
- I understand that if I use my personal automobile, I will not be reimbursed by the YMCA and that my personal insurance is my primary coverage.
- I give permission for YMCA representatives to provide or arrange for emergency care for me, and to arrange for transport to an emergency center for treatment. I consent to medical treatment deemed immediately necessary or advisable by a physician if I am able to act on my own behalf. I understand that the YMCA is not responsible for payment of medical treatment if deemed necessary by a physician.

- I understand that accidents may occur during my volunteer activities. By signing below, I release the YMCA, its agents, directors, consultants, and employees from all liability based on any damage, loss or injury, whether it is the result of ordinary negligence or otherwise, caused to me or my dependent from participation as a volunteer.
- I give permission for the YMCA to use without limitation or obligation photographs or other media that may include my image or voice to promote or interpret YMCA programs. I understand that during my work with the YMCA, any photos taken of me may be used in future promotional materials.

I HAVE READ THE PRECEDING DOCUMENT AND BEING FULLY AWARE OF THE MATTERS CONTAINED IN THE VOLUNTEER GUIDELINES DOCUMENT, I STILL DESIRE CONSIDERATION AS A VOLUNTEER FOR THE YMCA OF FLORIDA'S FIRST COAST.

SIGNATURE _____

DATE _____

AGREEMENT AND SIGNATURE

BY SUBMITTING THIS APPLICATION, I AFFIRM THAT THE FACTS SET FORTH IN IT ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF I AM ACCEPTED AS A VOLUNTEER, ANY FALSE STATEMENTS, OMISSIONS, OR OTHER MISREPRESENTATIONS MADE BY ME ON THIS APPLICATION MAY RESULT IN MY IMMEDIATE DISMISSAL.

NAME (PRINTED) _____

SIGNATURE _____

DATE _____

PHONE REFERENCES – TO BE COMPLETED BY STAFF

Please contact 3 references. At least one reference must be a close family member. Please answer each question completely. Written references will be accepted as long as all questions have been addressed and only with verbal verification.

Hello, I am (name) with the YMCA of Florida's First Coast. (Applicant) has you as reference to verify his/her character and ability to volunteer for the YMCA. This call will be kept confidential and used only to determine (applicant's) ability to volunteer as a (area). Do you have time to answer a few questions?

REFERENCE 1 STAFF MAKING CALL _____

SIGNATURE _____

DATE _____

NAME _____ RELATIONSHIP _____ PHONE () _____

HOW LONG HAVE YOU KNOWN APPLICANT? _____

IN WHAT CAPACITY? _____

HAVE YOU OBSERVED HIM/HER WORKING IN (AREA)? _____

THE APPLICANT WILL BE WORKING DIRECTLY WITH CHILDREN.
DO YOU SEE THIS AS AN APPROPRIATE POSITION FOR (APPLICANT)? _____

DO YOU HAVE ANY RESERVATIONS REGARDING (APPLICANT'S) MORAL CHARACTER? _____

IS (APPLICANT) ELIGIBLE FOR REHIRE? _____

STAFF SIGNATURE: _____

REFERENCE 2 STAFF MAKING CALL _____

SIGNATURE _____

DATE _____

NAME _____ RELATIONSHIP _____ PHONE () _____

HOW LONG HAVE YOU KNOWN APPLICANT? _____

IN WHAT CAPACITY? _____

HAVE YOU OBSERVED HIM/HER WORKING IN (AREA)? _____

THE APPLICANT WILL BE WORKING DIRECTLY WITH CHILDREN.
DO YOU SEE THIS AS AN APPROPRIATE POSITION FOR (APPLICANT)?

DO YOU HAVE ANY RESERVATIONS REGARDING (APPLICANTS) MORAL CHARACTER?

IS (APPLICANT) ELIGIBLE FOR REHIRE?

STAFF SIGNATURE:

REFERENCE 3	STAFF MAKING CALL	SIGNATURE	DATE
NAME	RELATIONSHIP	PHONE	()

HOW LONG HAVE YOU KNOWN APPLICANT?

IN WHAT CAPACITY?

HAVE YOU OBSERVED HIM/HER WORKING IN (AREA)?

THE APPLICANT WILL BE WORKING DIRECTLY WITH CHILDREN.
DO YOU SEE THIS AS AN APPROPRIATE POSITION FOR (APPLICANT)?

DO YOU HAVE ANY RESERVATIONS REGARDING (APPLICANTS) MORAL CHARACTER?

IS (APPLICANT) ELIGIBLE FOR REHIRE?

STAFF SIGNATURE:



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VOLUNTEER GUIDELINES

YMCA OF FLORIDA'S FIRST COAST

CODE OF CONDUCT, ETHICS AND RULES

- I will abide by the YMCA's code of conduct.
- I will not subject any child to neglect or to mental, verbal, physical, or sexual abuse.
- I will not leave any child unsupervised.
- I will not be alone with any child where we cannot be observed by others.
- I will not transport any children in my vehicle.
- I will not give any child gifts or special favors.
- I will treat all children equally without respect to gender, race, religion, culture, or ability.
- I will be a positive role model by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.
- I will refrain from profanity, inappropriate jokes, and sharing of intimate details of my personnel life.
- I will not hold extra or special practices.
- I will not accept money or expensive gifts.
- I will not fraternize with YMCA youth participants away from the YMCA. If my children have Y participants as friends, I will obtain permission from the youth participant's parents to fraternize with their children.
- I will not take children to the restroom. I will ask the parent/YMCA staff if a child needs to use the restroom.
- I will use positive techniques of guidance, including redirection, positive reinforcement and encouragement rather than competition, comparison and criticism.
- I will have age appropriate expectations, set up guidelines/environments that minimize the need for discipline.
- I will respect children's rights to not be touched in ways that make them feel uncomfortable, and their right to say no. Children are not to be touched in areas of their bodies that would be covered by a bathing suit.
- I will refrain from intimate displays of affection towards others in the presence of children, parents, and staff.
- I will appear clean, neat, and appropriately attired.
- I will not use, possess, or be under the influence of alcohol or illegal drugs.
- I will not smoke or use tobacco on YMCA grounds.
- I will immediately report accidents or injuries of myself and participants to the YMCA branch supervisor.
- I will not release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA).

YMCA'S POSITION ON THE NATIONWIDE PROBLEM OF CHILD ABUSE

- The YMCA endorses and enforces its policies and practices to prevent child abuse. Our first priority in all youth programs is care and safety. We make every effort to prevent child abuse; verbal, physical, emotional or sexual.
- The YMCA's goals are to support and strengthen the family unit, to help children develop to their fullest potential and to deliver the program in a positive YMCA environment of safety, support and care.
- All candidates will be subject to a thorough background investigation to screen out molesters which may include, but is not limited to, the following: references of past employers, personal references, military records, volunteer organization history, civic involvement, criminal background history, personal characteristics/activities, psychological testing, periodic interviews with children and parents about day-to-day experiences, encouraging reports of anything out of the ordinary.

VOLUNTEER ACKNOWLEDGMENT

- I am aware of the YMCA Emergency Procedures/ Safety Policy. I have read, understand and agree to abide by these procedures.
- I understand that the policy of the YMCA is to refer all inquiries from the media or press to the appropriate YMCA staff person.
- I understand that I am required by law to report known or suspected instances of child abuse and that not doing so is considered a misdemeanor. Call 1-800-96-ABUSE and notify the Branch Director.



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- I understand that allegations or suspicions of child abuse are taken very seriously by the YMCA and will be reported to the State for investigation and that the YMCA will fully cooperate with any related investigation and will pursue the prosecution of child abusers to its fullest extent of the laws of this State. I, as a volunteer, agree to cooperate with the investigation as required.
- I have been informed of the YMCA's position regarding child abuse, and have read and understand that portion of my Volunteer Application and Agreement entitled, "The YMCA's Position on the Nation-Wide Problem of Child Abuse."
- I have read and understand that any violation of the Code of Conduct, Ethics & Rules may be grounds for removal as a volunteer.

Volunteer's Signature

Date

PARTICIPATION AND RELEASE FORM LIABILITY

VOLUNTEER TERMS: I understand the YMCA does not provide insurance and related benefits to volunteers. As an example, there are no insurance plans for volunteers, including no medical, accident, dental, worker's compensation, disability, or other coverage. The YMCA does not offer free membership to volunteers. Volunteers may not trade their time for free or reduced cost in program participation.

PROPERTY LOSS: I understand the YMCA is not responsible for my personal property lost, damaged or stolen while participating in YMCA volunteer activities.

MEDICAL TREATMENT: I give permission for the YMCA representatives to provide or arrange for emergency care for me, and to arrange for transport to an emergency center for treatment. I consent to medical treatment deemed immediately necessary or advisable by a physician if I am unable to act on my own behalf. I understand that the YMCA is not responsible for payment of medical treatment if deemed necessary by a physician.

PHOTOGRAPH PERMISSION: I give permission for the YMCA to use, without limitation or obligation, photographs or other media that may include my image or voice to promote or interpret YMCA programs. I understand that during my volunteer work with the YMCA, any photos taken of me may be used in future promotional materials.

RELEASE FROM LIABILITY: I understand that accidents may occur during my volunteer activities. By signing below, I release the YMCA, its agents, directors, consultants, and employees from all liability based on any damage, loss or injury, whether it is the result of ordinarily negligence or otherwise, caused to me or my dependent from participation as a volunteer.

I have read the preceding document and being fully aware of the matters contained in this Volunteer Guidelines document, I still desire consideration as a volunteer for the YMCA of Florida's First Coast.

Volunteer's Signature

Date



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:**

	Relating to:
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: _____



Volunteer Registration

*Volunteers in the School
District of Clay County*

Volunteer Registration
School District of Clay County—Florida

Name _____ School _____

Maiden Name or Other Prior Name _____

Address _____ City _____

Telephone _____ Business _____

Email Address _____ Business Phone _____

Please check: Youth (Under 21) _____ Adult (Under 49) _____ Senior (Over 50) _____ Male _____ Female _____

Social Security # (Required) _____ Date of Birth (Required) _____

Name of person who can be reached in case of emergency _____

Telephone _____ Your children at this school _____

Days/Times available _____

Area desired or assigned: General Office _____ Media Center _____ Guidance _____ Classroom _____
Student Activities _____ Health Services _____ Other _____

Security Information:

1. Have you ever been convicted of a felony or other serious crime? Yes _____ No _____
2. Have you ever been convicted of a misdemeanor? Yes _____ No _____
3. Are you presently charged with a crime? Yes _____ No _____
(If you marked "yes" on #1, #2 or #3, please explain on an attached sheet.)
4. I understand that by signing this form, I am consenting to a criminal background check on myself.
5. Length of residency in Florida _____ Former resident state _____
6. _____ My initials indicate that a copy of the **"Statement on the Collection, Use or Release of Social Security Numbers"** was provided to me.

Statement of Volunteer Service:

I am volunteering my services to the School District of Clay County in order to improve the quality of the educational system. I understand that (1) during my time serving as a volunteer, I am not employed by the Clay County School Board; (2) as a volunteer, I am not receiving unemployment compensation benefits; (3) I do not expect nor do I desire any wages or compensation for the services for which I am volunteering; (4) I have no expectations of employment with the Clay County School Board; (5) I am aware that random background checks of volunteers may be made; (6) and, if I am volunteering as a mentor, an FDLE background check may be made. As a volunteer, I agree to abide by the rules, regulations, policies, and laws of the State of Florida, the Florida State Board of Education, and the Clay County Board of Education. I agree that the aforementioned statements constitute the terms under which I am providing volunteer services; I hereby agree to these terms; and there are no understandings to the contrary.

Signature _____ Date _____

(Falsification of this application will result in the termination of your status as a volunteer)

NOTICE: The Clay County School Board is an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, marital status, age, national origin, or disability. Employment of personnel in Clay County is in compliance with Federal and State Laws regarding non-discrimination and preference.