

THE KING'S ACADEMY

Volunteer JK / Preschool Application

In an effort to make sure all volunteers who have contact with our children have been adequately screened, we are in compliance with the Florida Department of Children & Families background check procedures.

All required application forms must be filled out completely, returned to the Development Office, and processed *before* volunteering can begin. This may take up to three weeks from date of submission so please plan accordingly.

If you have any questions about the volunteer application, please contact Lisa Gerardi or Tina Tutwiler in the Development Office at (561) 686-4244.

Mr. /Mrs. / Ms. / (circle one)

Name _____

Home Phone _____ Cell Phone _____

E-mail _____

Have you *ever* been **arrested** for any criminal offense other than a minor traffic violation?

_____ If so, what year? _____

Have you *ever* been **convicted** for any criminal offense other than a minor traffic violation?

_____ If so, what year? _____

Have you read the Volunteer Guidelines and agree to uphold our position on morals, dress, and Christian conduct? _____

Signature _____ Date _____



VOLUNTEER AFFIDAVIT

I attest my name is _____ and
(print volunteer/foster grandparent name)

serve in the child care program known as The King's Academy.
(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 submit local and state background screening and 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 level 2 background screening information in accordance with section 402.3055, Florida Statutes, and complete the state mandated child care 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)(m) or rule 65C20.009(1)(a), Florida Administrative Code

I attest that I have read the foregoing, and the facts alleged are true and correct.

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 the forgoing, and the facts alleged are true and correct.

Owner/Operator/Director Signature Date



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 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: _____



Rules and Regulations Governing Child Care Facilities & Family Day Care Facilities in Palm Beach County, Florida,
Adopted Pursuant to Chapter 59-1698, Special Acts, Laws of Florida as Amended by Chapter 2010-249

RELEASE OF INFORMATION

I, _____ Child Care applicant, hereby give the Palm Beach County Sheriff's Department and any other law enforcement agency permission to search their files and release any information found to the Child Care Facility listed below. I realize this search is a routine matter for all applicants, pursuant to the Rules and Regulations Governing Child care in Palm Beach County, Chapter 435, F.S. and Chapter 402, F.S.

Full Name of Child Care Facility _____

Facility Address _____

Facility OCA # _____

Phone # _____

Signature of Applicant

Date

TYPE OR WRITE LEGIBLY BOTTOM SECTION OF THIS FORM

Full Name _____
First Middle (maiden) Last

Other names applicant has used (include maiden names and nicknames)

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Race _____ Sex _____ Date of Birth _____

*Social Security No. _____ Date of Hire _____

Current Address _____

Please return this form to: _____ (facility name)

_____ (facility address)

*Chapter 435, F.S., requires background screening of owners, operators, and directors. Social security numbers are also used for identification purposes when performing background screening required by 402.305, F.S."



Rules and Regulations Governing Child Care Facilities & Family Day Care Facilities in Palm Beach County, Florida, Adopted Pursuant to Chapter 59-1698, Special Acts, Laws of Florida as Amended by Chapter 2010-249

Name of Facility: The King's Academy

Address: 8401 Belvedere Road, West Palm Beach, Florida, 33411

Employee's Name: N/A Position: Volunteer Date _____

**Supplement to the application form for Child Care and Family Day Care Facilities
BACKGROUND SCREENING: EMPLOYMENT HISTORY**

It is a requirement for all child care personnel to have character references and employment history checks completed as a part of the screening process. Complete items A and B below and attaching (or email to l.gerardi@tka.net) three letters of reference. A copy this completed form shall be kept on file at the facility for all child care employees.
Submit completed forms for owners and operators/directors to:

Palm Beach County Health Department
Environmental Health & Engineering
Child Care Licensing
800 Clematis Street, 4th Floor
West Palm Beach, FL 33401

A. EMPLOYMENT HISTORY FOR LAST FIVE YEARS

<i>Employer Name</i>	<i>Address</i>	<i>Position Held</i>	<i>Date Employed</i>	<i>Name of Supervisor</i>	<i>Phone Number</i>

B. CHARACTER REFERENCES (Three letters of reference required; at least two must be from non-relatives.) List the names, addresses and phone numbers of persons writing reference letters you are submitting. Reference letters may be emailed to l.gerardi@tka.net or t.tutwiler@tka.net.

1. Name _____
Address _____
Phone # _____

2. Name _____
Address _____
Phone # _____

3. Name _____
Address _____
Phone # _____

REQUEST FOR FDLE CRIMINAL HISTORY INFORMATION

TO: Applicant Section User Service Bureau FDLE Post Office Box 1489 Tallahassee, FL 32302-1489	FACILITY NUMBER: <u>501 296</u> FROM: <u>District 9 ORI# FL921832</u> <u>The King's Academy</u> <u>8401 Belvedere Road</u> <u>West Palm Beach, Florida 33411</u> <u>(561) 686 - 4244</u> <small>Telephone Number</small>
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The more complete this information is, the better the search and associated results will be.
PLEASE TYPE OR PRINT CLEARLY.

Applicant Name: _____	
Other names applicant has used (include maiden names and nicknames)	Leave this space blank

Race (check one): <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Unknown	
Sex (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: _____	
Social Security Number: _____ - _____ - _____	
Address: _____	

I certify that the person listed above is a volunteer. I understand that the Legislature has established a reduced payment of \$8.00 for the criminal history checks of these persons.	
_____ (Signature of owner or on-site director)	_____ (Date)

The King's Academy Volunteer Guidelines

In order to provide the best atmosphere for volunteers, teachers, and particularly students, the following guidelines have been established. TKA appreciates your attention to detail in these matters. Thank you for your service!

What is a TKA Volunteer? A person having contact with TKA students who gives of his or her time in any aspect of campus life is considered a volunteer. This includes, but is not limited to; Band Boosters, Grace Notes, Sports Boosters, field trip chaperones, library helpers, and classroom helpers.

Volunteer badges and Signing In/Out (Security): For the safety and security of the children, all volunteers must sign in and out by using the Lobby Guard machine located in the front office, each time they visit campus. Please do not be offended if someone asks to see your volunteer badge. A volunteer badge will be printed upon signing in and must be worn in a visible location on your shirt at all times. You should also sign out by scanning the barcode on your badge with Lobby Guard as you leave.

Scheduling: The number of volunteers and volunteer hours are scheduled at the discretion of your child's teacher. Please be respectful of the agreed upon schedule as coming earlier or staying later may disrupt the classroom. If you cannot come on your scheduled day, e-mail the teacher in order to inform him/her. Volunteers are not permitted to volunteer in the classrooms during achievement testing week or other times as requested by administration.

Dress code: In order to reflect a conservative image which contributes to an optimal learning environment, please observe the following guidelines. Volunteers are asked to dress modestly and conservatively. We ask that you avoid thin, low cut, and spaghetti strapped shirts, blouses and dresses. We also ask that you avoid overly tight-fitting clothing and shorts, including athletic clothing. Refer to the parent/student handbook for more details.

Overnight Chaperones: Specific guidelines for each trip will be distributed at the appropriate time.

Etiquette:

- **Cell Phones:**
Keep cell phones on vibrate/silent mode. If you must answer the phone, step outside your assigned area to take the call in order not to disrupt or disturb the classroom.
- **Volunteer Conduct:**
As an example to our students, be sure to conduct your conversation in a worthy manner. Ephesians 4:29, 32 - "Do not let any unwholesome talk come out of your mouths, but only what is helpful for building others up, according to their needs, that it may benefit those who listen. Be kind and compassionate to one another, forgiving each other just as in Christ, God forgave you."

Student Privacy: Volunteers are not permitted to grade tests or put grades in physical or digital grade books. Sharing students' performance and behavior with other parents and/or children is unacceptable and inappropriate.

Thank you for your cooperation. Feel free to contact Lisa Gerardi (l.gerardi@tka.net) or Tina Tutwiler (t.tutwiler@tka.net) in the Development Office with any questions or concerns.

Checklist for JK/ Preschool Volunteer Application

Forms to complete:

- ✓ Application - complete and sign
- ✓ Bloodborne Pathogens – watch video <http://youtu.be/dlNiceDYsMI>, and sign acknowledgement form
- ✓ Attachment A (Affidavit of Good Moral Character) –
Notaries are available at TKA if needed
- ✓ Attachment B with a check for \$3 made payable to PBSO*
- ✓ Attachment G with three references. Reference letter is just a short paragraph that includes how long the person has known you, their relationship to you and why you would be a good volunteer. (you may have your reference person e-mail l.gerardi@tka.net or t.tutwiler@tka.net with your reference)
- ✓ Request from FDLE form with a check for \$8 made payable to FDLE*
- ✓ Volunteer Affidavit

*The agencies processing these forms require your social security number and date of birth. Omitting this information will prohibit the process. Please print clearly.