

## VOLUNTEER SCHEDULE

Date Turned In: \_\_\_\_\_

Returning Volunteer \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_ PID \_\_\_\_\_

Name of COURSE: \_\_\_\_\_ Instructor \_\_\_\_\_ Student's Major \_\_\_\_\_

Total Number of Hours Needed \_\_\_\_\_ Date to be Completed \_\_\_\_\_

Male----Female (circle)

Please write in the times that you are available to work/volunteer in the classroom. Our greatest need for classroom assistance is from 8am-12:00pm and 2-5 pm. **Below, make yourself an EXACT schedule without going over 10 hours in a month and equaling your total number of hours needed.**

<b>MONDAY</b> Dates/ Times	
<b>TUESDAY</b> Dates/ Times	
<b>WEDNESDAY</b> Dates/ Times	
<b>THURSDAY</b> Dates/ Times	
<b>FRIDAY</b> Dates/ Times	

If you need to change your agreed-upon schedule at any time, **you must contact Ms. Cristina** at (407) 823-2726 or by emailing at [cristina.chaney@ucf.edu](mailto:cristina.chaney@ucf.edu) with the subject "Volunteer Request Change".

To be filled out by office:

Student Placement \_\_\_\_\_ Start Date \_\_\_\_\_ Term \_\_\_\_\_



# 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: \_\_\_\_\_

# UNIVERSITY OF CENTRAL FLORIDA

## *Request to Volunteer Services*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**WORK AREA, EVENT(S), ACTIVITY(IES):**  
(Please describe the volunteer services you wish to provide, including dates, times, and location. Indicate name of UCF contact person.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE TO VOLUNTEER:**  
You will be notified if you have been accepted as a volunteer for the activity described above. No compensation will be made for volunteer services rendered to UCF, whether the volunteer is an employee or student of the University of Central Florida or an independent contractor.

Thank you for your support of UCF!

**WAIVER:**  
I understand that UCF may terminate my participation in the activity at any time and for any reason. I realize that participating as a volunteer in the activity described above is a potentially hazardous activity which involves the risks of injury and death. Having read this waiver and knowing these facts, and in consideration of your accepting my volunteer involvement, I, for myself and anyone entitled to act on my behalf, assume responsibility for and waive and release UCF, its Board of Trustees, the State of Florida and their respective employees and agents from all claims or liabilities of any kind arising out of my participation in this activity, unless such claim or liability arises from the negligent acts or omissions of UCF employees or agents as described in Section 768.28, Florida Statutes.

Acknowledgement:

Print Name of Volunteer	Volunteer's Signature	Date
Print Name of Witness	Witness' Signature	Date



# VOLUNTEER AFFIDAVIT

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)(m) or rule 65C-20.009(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  
(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 the foregoing, and the facts alleged are true and correct.

\_\_\_\_\_  
Owner /Operator /Director Signature

\_\_\_\_\_  
Date



## Volunteer Orientation

### Contact info:

Phone: (407)823-2726

[cristina.chaney@ucf.edu](mailto:cristina.chaney@ucf.edu)

- 1. Program:** We offer an early experience program for children of UCF students, employees and community members with students' children receiving first priority. Children eligible are those 2 years and sufficiently toilet trained (out of diapers) through 5 years.
- 2. Philosophy:** All children have the basic right to be educated in a safe and nurturing environment.
- 3. Responsibility:** It is each student's responsibility to SIGN IN AND SIGN OUT EACH DAY of their scheduled work experience. If you do not sign out, you will NOT get credit for that day. This means that you will show up when you are scheduled. YOU MUST KEEP TO YOUR REGULAR SCHEDULE AND CALL IN WHEN YOU ARE UNABLE TO WORK. Ms.Cristina must approve **ANY** changes in your schedule. We ask that you do not discuss any individual child outside of the school. You may share experiences you have while attending our school with your classes; however, individual children's names must never be used.
- 4. Staff:** Each of our classrooms has one degreed teacher and one full time teacher assistant. We also have work study students who provide assistance primarily in the classrooms. Volunteers must be flexible and willing to assist in any area of the school, if needed. Students are under the direct supervision of the teacher and/or assistant at all times. Always advise the classroom staff if you need to leave the classroom or workplace for any reason. **Students are never left alone with the children.** The teacher/assistant are the only ones that can: take children to the bathroom, administer 1st aide, write accident reports or talk with parents about their child.
- 5. Dress Code:** Professional yet comfortable dress is **REQUIRED**. Logos on clothing must be appropriate for young children. **You will be sent home and not allowed to volunteer if these standards are not met.** Please remember that we are viewed by parents, children, staff and visitors each day and we need to always present ourselves in a most professional manner.
  - a. Head:** No caps, visors, hoods, bandanas, sunglasses or other head gear may be worn except with administrative permission.
  - b. Upper Garments:** All garments must have a collar or sleeves. Halter tops, tube tops, backless dresses/tops, spaghetti straps and tank tops are prohibited.
  - c. Lower Garments:** Shirts must touch, at a minimum the top portion of lower garments at all times.

**d. Lower Garments:** Undergarments and the buttocks must remain entirely covered even while seated.

**e. Lower Garments:** Dresses, skirts and shorts must be **knee length or below** in length. Rips/tears above mid-thigh are not permitted.

**f. Shoes: Closed-toe shoes are required.**

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## Initials

**6. Valuables:** There **is** a place for volunteers to store valuables in a locked area. Please obtain a locker padlock and key from the front desk. You should not bring any valuable and/or personal items into the classroom. Please be aware that Creative School cannot be responsible for any items lost or stolen during your volunteer experience time.

**7. Parking:** All students must secure a STUDENT parking space. SPACES IN FRONT OF THE SCHOOL ARE FOR CREATIVE SCHOOL PARENT DROP-OFF AND PICK-UP **ONLY!** The parking lot closest to Creative School is staff parking and you **WILL** get ticketed.

**8. Guidance:** Our goal is to help children develop skills in problem solving. All adults working with the children facilitate the development of these skills. Children are to be made to feel good about themselves at all times.

**9. Cell phones:** We ask that cell phones be stored in our designated lockers or turned off while in the classroom. If you are expecting a call, please ask your supervising staff for time away to make a call or check messages. Under **NO** circumstances should a volunteer use a cell phone while volunteering.

**10. Schedules:** You must keep to your regular schedule or call IN ADVANCE of your scheduled time to advise us if you will be absent or late for any reason. You may call and leave a message at (407) 823-2726, 24 hours a day. It is your responsibility to advise us **PRIOR** to your scheduled volunteer time. **YOU MUST CALL IF YOU CANNOT SHOW UP!!** If you do not show up or call, you will need to find other placement.

a. **If you have not been background checked by us you may not volunteer more than 10 hours a month per state law.**

b. **You may not volunteer outside of your scheduled time unless it is approved by Ms.Cristina even if a Creative School teacher asks you to stay late, come in early or come in on a day that you are not scheduled.**

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## Initials

**11. Lunches and Snacks:** If you are scheduled for lunch or snack time you will be sitting with the children. Please eat with us. We encourage children to try all foods, and you should do the same. Encourage social conversation as might occur in a home situation. Please encourage the tasting of different foods, describing colors, tastes,



textures and smells. This is an educational experience. Students are asked to assist in clearing their class' tables when finished and ready the tables for the next classes or final cleanup. While at the dining room table please direct your conversation toward the children.

**12. Classroom Activities:** Please feel free to actively PARTICIPATE in the classroom and on the playground with the children (we do not pick children up and carry them). This does not mean doing things FOR the children, but doing things WITH the children. We are encouraging our children to become independent. Children are encouraged to do their own art work. They are often overwhelmed by adult art work. Refrain from making examples or doing art work for children. This will discourage their creativity. Always print their names using upper and lower case letters in the upper left hand corner of the paper. This helps to establish the left to right progression for reading. We do not use dittos or coloring books in our program. Help the child to be proud of his or her work and to tell you about their own creations. Please refrain from asking, "What is it?"

**13. Outside Activities:** Outside time is for active play. While on the playground circulate and observe all children. Outside time is not social time for students, and we do not expect to see you sitting on the playground. Please note that most accidents happen on the playground and can often be avoided with careful supervision. Do not pick up children for carrying, swinging, etc.

14. If you have any further questions, please do not hesitate to bring them to our attention. We look forward to getting to know you.

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Name of Volunteer

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Signature of Volunteer

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Date received and reviewed

## **VOLUNTEER SERVICES AGREEMENT INFORMATION FOR VOLUNTEERS**

The University of Central Florida greatly appreciates your interest in and willingness to volunteer your services to the university. Before you can volunteer at UCF, the appropriate department or unit head must approve your volunteer assignment. If you are under the age of 18, we must also have the written approval of your parent or guardian.

A volunteer provides services without compensation. A volunteer does not have an employment relationship with UCF and receives no wages, salary, or other compensation for services. A volunteer will not receive reimbursement for expenses unless it is specifically agreed to by the appropriate department or unit head, and even then only subject to university procedures. A volunteer is not eligible for UCF employment benefits, including annual leave, sick leave, retirement benefits, tuition benefits, health insurance, disability insurance, or unemployment insurance.

A registered volunteer is covered under UCF's workers compensation insurance in the event of a job-related illness or injury. Any job-related illness or injury must be reported to UCF. For information regarding workers compensation coverage and reporting requirements, please see [http://hr.ucf.edu/web/loa\\_wc/workcomp.shtml](http://hr.ucf.edu/web/loa_wc/workcomp.shtml). Similarly, a registered volunteer is covered by UCF's general liability protection for claims arising from negligent acts or omissions within the course and scope of the registered volunteer's assignment. You must immediately notify your supervisor if a claim is made against you that you believe arises from your volunteer services for UCF.

A volunteer who will be asked to drive, to transport passengers, or to have contact with minors must provide satisfactory evidence of personal responsibility and suitability for the task. The nature and extent of the required background evidence will be determined on the basis of the intended volunteer services assignment.

As a volunteer, you will not be authorized to act on behalf of UCF in business matters, such as purchasing, contracts, or contact with media.

As a member of the UCF community, you will be subject to UCF policies on safety and security; non-discrimination, including sexual harassment; equal opportunity; drug and alcohol abuse; intellectual property; confidentiality of records; conflict of interest; etc. You should familiarize yourself with these policies, as well as any departmental policies applicable to you.

A volunteer whose assignment is to provide services that take a tangible form, such as performance or creation or research, must agree that the results of those services will become intellectual property owned by UCF, as if under a work for hire agreement, unless there is a specific written agreement otherwise.

A volunteer may terminate volunteer services at any time. Similarly, UCF may terminate the services of a volunteer at any time.

*A copy of the Volunteer Services Agreement, including Personal Information Form, must be provided to Environmental Health and Safety at email [ehs@ucf.edu](mailto:ehs@ucf.edu) or Fax 407-823-0146*

## VOLUNTEER SERVICES AGREEMENT

Place of Volunteer Assignment: \_\_\_\_\_  
(Name of Department/Location)

Name of Volunteer (printed): \_\_\_\_\_

Date(s) of Volunteer Services: \_\_\_\_\_ through \_\_\_\_\_.  
(start date or single date of service) (provide end date, if known)

Expected hours: \_\_\_\_\_ (select one: \_\_\_\_\_ total anticipated hours \_\_\_\_\_ weekly hours)

Name of Primary Supervisor: \_\_\_\_\_

Location and Description of Volunteer Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

By signing this document, I agree to the following:

1. Volunteer services are entirely voluntary. I have not been pressured or unduly influenced to provide services without compensation, but rather do so of my own free will.
2. The services that I provide as a volunteer, and any product or creation that arises from them, are donated to the University of Central Florida without reservation of rights of any kind.
3. I will not be paid for my services. I understand that should I incur expenses in the course of these services, I will only be reimbursed for those expenses if my department approves and if they comply with University policies and procedures.
4. I will follow the supervision and direction of any UCF personnel or employee to whom I have been assigned to perform volunteer services. While some of my duties may require me to perform independently, all my duties are subject to the ultimate supervision and direction of the department in which I am volunteering.
5. UCF is not responsible for damage to my personal property while I am at UCF and while I am performing volunteer services. I should keep valuables at home and exercise reasonable care while at UCF to protect myself from loss or harm.
6. While a volunteer at UCF, I am subject to UCF policies and procedures and I agree to follow those policies and procedures.
7. In the event that I believe I am a victim of discrimination, harassment, or retaliation of any kind, I will report such conduct to my primary supervisor, to my department head/dean, to Human Resources, or to the Equal Opportunity Office promptly. Further, I will cooperate in any investigation of such conduct or any other type of alleged misconduct.

Volunteer:

Supervisor:

\_\_\_\_\_  
\_\_\_\_\_

*If Volunteer is under the age of 18, parent or guardian must sign consent form.*

***A copy of the Volunteer Services Agreement, including Personal Information Form, must be provided to Environmental Health and Safety at email [ehs@ucf.edu](mailto:ehs@ucf.edu) or Fax 407-823-0146***

**VOLUNTEER SERVICES AGREEMENT  
PERSONAL INFORMATION FORM**

This information is to be kept on file with the supervising department.

Name of Volunteer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Volunteer is 18 year of age or older (check one): \_\_\_\_\_ YES    \_\_\_\_\_ NO

If Volunteer is not 18 or older, consent of parent/guardian is required.

Please use Volunteer Services Agreement Consent Form for Volunteer Under the Age of 18.

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Relation to Volunteer: \_\_\_\_\_

**VOLUNTEER SERVICES AGREEMENT  
CONSENT FORM FOR VOLUNTEER UNDER THE AGE OF 18**

Name of Volunteer (printed): \_\_\_\_\_

Name of Parent/Guardian (printed): \_\_\_\_\_

I am the parent/guardian of \_\_\_\_\_, who wishes to provide volunteer services to the University of Central Florida. I have read the Information for Volunteers and the Volunteer Services Agreement. I give my consent to allow my child to provide volunteer services to UCF.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Name (printed): \_\_\_\_\_

Signature of Witness: \_\_\_\_\_