Volunteer Registration Packet

THANK YOU for your interest in becoming a partner/volunteer with the Boys & Girls Clubs of Martin County! We look forward to learning more about you and feel confident that this will be a rewarding experience for both you and the youth we serve.

The process for becoming an approved Partner/Volunteer is as follows:

1. Complete the partner/volunteer registration form.
2. Read and sign the confidentiality form.
3. Read and sign the waiver agreement and statement.
4. Complete the background screen request form.
5. Read and sign the clearinghouse privacy policy form.
6. Turn in all completed forms in one of the following ways:
   - Drop off to the Administrative Office in Hobe Sound (11500 SE Lares Ave)
   - Email to LGormley@bgcmartin.org
   - Fax to 772-545-1204
   - Mail to: Boys & Girls Clubs of Martin County
     Attn: Lindsay Gormley
     P.O. Box 910
     Hobe Sound FL 33455

Completion of a level II background screen is required of all volunteers, partners and employees. Upon receipt of the above forms you will be sent specific information on where fingerprints can be completed. Once approved, you will be notified and invited to a volunteer orientation.
VOLUNTEER REGISTRATION FORM

Please PRINT all information clearly.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Address:</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Address:</td>
<td>Street</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Telephone Number</th>
<th>Cell Phone Number</th>
<th>Email address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Employer or former employer, if retired*</th>
<th>Work Number</th>
<th>Education Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>High School</td>
</tr>
<tr>
<td></td>
<td></td>
<td>College</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Graduate School</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

*Many employers provide grants to non-profits for employee and retirees volunteer hours

Previous/current volunteer experience

Special Skills/Hobbies/Interests

Referral Source

<table>
<thead>
<tr>
<th>Reference (#1) Name:</th>
<th>Phone #:</th>
<th>Reference (#2) Name:</th>
<th>Phone #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business:</td>
<td>Years Known:</td>
<td>Business:</td>
<td>Years Known:</td>
</tr>
</tbody>
</table>

Full-time Resident OR Seasonal Resident

Which months are you in Florida?

Please check where you would like to volunteer

- Cole-Clark Branch
  Hobe Sound
  11500 SE Lares Avenue
  Hobe Sound, Florida 33455
  (772) 545-0054

- Bill and Barbara Whitman Branch
  Indiantown
  17375 SW Palm Beach Street
  Indiantown, Florida 34996
  (772) 597-5088

- Stuart Branch
  1300 SE 10th Street
  Stuart, Florida 34994
  (772) 888-9070

- John & Marge Bolton Branch
  Port Salerno
  4731 SE Flounder Avenue
  Stuart, Florida 34997
  (772) 283-5900

- H. Wayne Huizenga Branch
  Palm City
  1150 SW Martin Downs Boulevard
  Palm City, Florida 34990
  (772) 220-9160

- Administrative Office
  Hobe Sound
  11500 SE Lares Avenue
  Hobe Sound, Florida 33455
  (772) 545-1255
VOLUNTEER AVAILABILITY:
Club hours for our after-school program are 2:30 PM to 6:30 PM Monday through Friday. During summer and non school days our hours are 7:30 AM to 5:30 PM. Please check the days that you are available and indicate times (for example: Monday from 10AM to 1PM).

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Weekend Events</th>
</tr>
</thead>
</table>

Choose the age group(s) in which you are interested: 6 to 8  9 to 11  12 & older  No Preference

Please list any specific volunteer areas of interest under the following categories:

<table>
<thead>
<tr>
<th>Education</th>
<th>Arts</th>
<th>Sports</th>
<th>Recreation</th>
<th>Office/Clerical</th>
</tr>
</thead>
</table>

Tell us about yourself:

What experience do you have in related areas?

I CERTIFY THAT ALL STATEMENTS ON THIS APPLICATION ARE TRUE AND HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I FURTHER UNDERSTAND THAT VOLUNTEERING WILL BE CONDITIONAL UPON INITIAL AND CONTINUAL SATISFACTORY BACKGROUND SCREEN RESULTS.

Signature of Applicant ___________________________ Date ______________________

If you are able to help cover any of the $71 background screening fee,

Donations are gratefully accepted:

___ Attached is a check for $ _________ to help cover the background screening fees.

___ I am sending my registration forms electronically and will mail a check for $ _________

Make check payable to Boys & Girls Clubs of Martin Co
Please add to memo line: Background screening donation
Mail to: BGCMC, P.O. Box 910, Hobe Sound, FL 33475
Attn: Volunteer Department
Supplemental Volunteer Application

About Martin Volunteers

Martin Volunteers is a program of the United Way of Martin County. It provides our organization with volunteers and services to improve the volunteer experience. It also provides a central location for tracking volunteer hours in the county. Your volunteer activity is important so we can demonstrate the impact volunteerism has on Martin County. In 2014, volunteers provided over $2.7 million in donated time and services to local non-profit organizations.

Boys & Girls Clubs of Martin County works in cooperation with Martin Volunteers in tracking volunteer hours. Please fill out the information below if we may share your registration information and volunteer hours with Martin Volunteers. Thank you!

Applicant Information

Name (Please print clearly): ___________________________________________ Today’s date ____________

Street Address: __________________________________________________

City, State, ZIP: ____________________________________________ Neighborhood/Subdivision ______________________

1st phone: ___________________ (Home / Cell) 2nd phone: ___________________ (Home / Cell)

E-mail: ____________________________

Preferred Method of Communication: [ ] Email [ ] Phone [ ] Text [ ] Ground Mail

I wish to receive newsletters/information from Martin Volunteers and United Way of Martin County: [ ] Yes [ ] No

I grant full permission for Martin Volunteers to use photographs or video footage of me in legitimate accounts and promotions: [ ] Yes [ ] No

The following information is tracked solely for grant purposes only and is entirely confidential.

Date of Birth: __________________________ Gender: [ ] Male [ ] Female Are you a military veteran? [ ] Yes [ ] No

Ethnicity: [ ] I choose not to disclose my ethnicity [ ] American Indian or Alaskan Native
[ ] Native Hawaiian or Pacific Islander [ ] Asian
[ ] Black or African American (Hispanic) [ ] Black or African American (Non-Hispanic)
[ ] White (Hispanic) [ ] White (Non-Hispanic) [ ] Other

This information allows Martin Volunteers to request funding to support the volunteer activities of Martin County. This includes providing over 100 local non-profit organizations with volunteers who support their mission. Thank you for completing this section so Martin Volunteers can continue to provide services which increase the impact these organizations have on the lives of Martin County residents.

- I understand that if I use my personal automobile to drive to and from my volunteer workstation, I will keep in effect automobile liability insurance equal to or greater than the minimum required by the state.

Signature of volunteer __________________________ Date ____________ Signature of Martin Volunteers staff __________________________

Driver’s license #: __________________________ State __________________________

Martin Volunteers is a program of United Way of Martin County, funded in part by the Hobie Sound Community Chest. RSVP is a program of the Corporation for National and Community Service, and is sponsored locally by United Way of Martin County.
The purpose of this Confidentiality and Non-Disparagement Agreement (this "Agreement") is to set forth the understanding of the Volunteers of the Boys & Girls Clubs of Martin County, Inc. (the "Clubs") with respect to confidentiality of activities, materials and information from the Clubs.

I, ___________________________(Volunteer Name), enter into this Agreement as of ______________, 2016. My consideration for entering into this Agreement is my volunteerism or continued volunteerism with the Clubs.

1. I Will Maintain the Confidentiality of Confidential Information.
   A. Confidential Information. In the course of my volunteerism with the Clubs, I may have access to, be trusted or become acquainted with, and/or may acquire, knowledge of various confidential, trade secret and/or proprietary information of the Clubs that is of a personal nature to the Clubs' clients or that provides the Clubs or its clients with a competitive advantage (or that could be used to the Clubs’ disadvantage by a competitor), that is not generally known by people not employed or associated with the Clubs and that could not easily be learned or determined by someone outside the Clubs (collectively, "Confidential Information"). Confidential Information includes, but is not limited to, all non-public information whatever its nature and form and whether obtained orally, by observation, from written materials or any other media, including, but not limited to, human resource information, payroll, donor information and identities, technical data, know-how, research, business practices, agreement terms, services, employees, volunteers, Directors, suppliers, clients, technology or other strategic partners, markets, software, developments, processes, marketing, finances, notes, analyses or studies and all tangible and intangible embodiments thereof of any kind whatsoever.
   
   B. My Use of Confidential Information. During my volunteerism with the Clubs, and at all times thereafter, I shall not in any manner, either directly or indirectly, (1) use any part of the Confidential Information except to provide services to the Clubs, or (2) divulge, disclose, distribute, reproduce or communicate to any person or organization any of the Confidential Information without the prior written consent of the Clubs; provided, however, that I may disclose the Confidential Information as may be required by law or court process, provided that I provide the Clubs reasonable prior notice to allow the Clubs sufficient time to obtain a protective order to prevent disclosure of the Confidential Information, or take other appropriate action.
   
   C. I will Protect the Confidential Information. I will take all steps reasonably necessary and/or requested by the Clubs to ensure that the Confidential Information is kept confidential pursuant to this Agreement. I will comply with all applicable published and communicated policies, procedures and practices that the Clubs has established and may establish from time to time with regard to the Confidential Information. I will not, directly or indirectly, reproduce, permit reproduction of, remove and/or permit removal from the Clubs’ premises of, any Confidential Information, except as necessary within the scope of my volunteerism with the Clubs.
   
   D. The Clubs Owns the Confidential Information. I acknowledge and agree that the Confidential Information, and all copies and manifestations of the same, are, and shall remain at all times, the exclusive property of the Clubs and/or its clients and clients.
   
   E. I Acknowledge the Value of the Confidential Information. I acknowledge and agree that the Confidential Information is a special and unique asset of the Clubs, created and/or obtained by the Clubs at time
and/or expense, from which the Clubs may or do derive independent economic value from the Confidential Information not being generally known to third parties.

**F. My Return of Confidential Information and Other Property.** I will, immediately upon the Clubs’ request, and immediately upon termination of my volunteerism with the Clubs, for any reason or for no reason (and regardless of who is the terminating party), return to the Clubs: (i) all copies and manifestations of Confidential Information that I may have or have access to; (ii) all documents, other materials and equipment provided by the Clubs; and (iii) all documents and materials that I have prepared during my volunteerism with the Clubs.

**G. Notice to My Future Volunteer Agencies.** Following the termination of my volunteerism with the Clubs, for any reason or for no reason (and regardless of who is the terminating party), the Clubs shall have the right to: (i) inform each of my future volunteer agencies and engagees in writing of the existence of this Agreement and (ii) provide such volunteer agencies and engagees with a copy of this Agreement.

2. **Non-Disparagement.** At all times following the execution of this Agreement, I agree to refrain from communicating with third parties in any manner whatsoever that is detrimental to the interests of the Clubs or disparaging the Clubs and its services, employees, volunteers, Directors, suppliers or clients to third parties in any utterance, writing, or other form of communication to communicate with reference to the Clubs only in truthful, favorable and respectful terms.

3. **I Have No Other Conflicting Obligations.** I hereby represent, warrant and covenant to the Clubs that I am not bound, nor will I become bound, by any contract, agreement, covenant or other obligation that may or does prevent me in any manner from performing pursuant to this Agreement. I have not and shall not, at any time, improperly use or disclose any proprietary information or trade secrets of any former or current employer or other person or entity with which I have any agreement or duty to keep in confidence information acquired by me, if any. I shall not bring onto the Clubs’ premises any unpublished document or proprietary information belonging to such employer, person or entity unless consented to in writing by such employer, person or entity. I represent and warrant to the Clubs that the Results (as defined below) or any part thereof does not and will not infringe any patent rights, copyright, trade secret right, or other proprietary right of any third party.

4. **Enforcement Costs and Fees.** I agree if any legal proceedings are brought for the enforcement of this Agreement, in addition to any other relief to which the successful or prevailing party may be entitled, the successful or prevailing party will be entitled to recover attorneys’ fees, investigative fees, administrative fees billed by such party’s attorneys, court costs and all expenses, including, without limitation, all fees, taxes, costs and expenses incident to arbitration, appellate, and post-judgment proceedings, incurred by the successful or prevailing party in that action or proceeding. Solely for purposes of determining whether I or the Clubs will be responsible for paying such amounts, I agree that the Clubs shall be deemed the prevailing party in any suit, action or legal proceeding in which the Clubs proves by a preponderance of evidence that I have either: (A) violated, breached, or threatened to breach this Agreement; and/or (B) retained any of the property which I am required by this Agreement to return to the Clubs.

5. **Certain Legal Effects of this Agreement.**

A. **Any Claim I May Have Against the Clubs is Not a Defense to Enforcement.** The existence of any claim or cause of action I might have against the Clubs predicated on this Agreement or otherwise, will not constitute a defense to the enforcement by the Clubs or its clients or clients of this Agreement.

B. **Enforcement of this Agreement by the Clubs is Necessary and Reasonable.** I acknowledge and agree that the enforcement of this Agreement by the Clubs is necessary to ensure the preservation, protection and continuity of the business, clients, Confidential Information, and goodwill of the Clubs. I acknowledge and agree that the length and scope of the terms and restrictions contained in this Agreement are fair and reasonable and not the result of overreaching, duress or coercion of any kind. I further acknowledge and agree that my full, uninhibited and faithful observance of this Agreement will not cause me any undue hardship, financial or otherwise, and that enforcement of this Agreement will not impair my ability to obtain volunteerism commensurate with my abilities and on terms fully acceptable to me, or to otherwise obtain income required for the comfortable support of me and my family, and the satisfaction of the needs of my creditors.
C. Each Provision of this Agreement Can Be Read Independently and Can Be Enforced to the Fullest Extent Possible. I agree that if any provision of this Agreement is contrary to, prohibited by, or deemed invalid under, any applicable law, rule or regulation, such provision shall be inapplicable and deemed omitted to the extent so contrary, prohibited or invalid, but the remainder of this Agreement will not be so invalidated, and will be given full force and effect so far as possible. Furthermore, if any provision of this Agreement may be construed to have more than one meaning, and one meaning would make the provision invalid or otherwise voidable or unenforceable, while another meaning would make the provision valid and enforceable, the provision will have the meaning which makes it valid and enforceable.

D. Restrictions. In the event that any court finally holds that any of the restrictions or other provisions contained in this Agreement constitute an unreasonable restriction upon me, I agree that the provisions of this Agreement will not be rendered void, but will apply as to their time and territory or to such other extent as such court may judicially determine or indicate constitutes a reasonable restriction.

E. Equitable Relief. I acknowledge that damages at law would be an inadequate remedy for any breach or threatened breach of this Agreement by me. Therefore, in the event of a breach or threatened breach by me of this Agreement, the Clubs shall be entitled, in addition to all other rights or remedies, to an injunction restraining such breach, without being required to show any actual damage or to post an injunction bond, and/or a decree of specific performance, and/or any other equitable remedy.

6. Miscellaneous.

A. Only Written Amendments to this Agreement Are Permitted. I agree that the provisions of this Agreement may not be amended, supplemented, waived or changed orally, but only by a writing signed by both an authorized representative of the Clubs and me, and making specific reference to this Agreement.

B. Assignment of Rights and Obligations Under this Agreement. The Clubs may assign its rights and/or obligations pursuant to this Agreement without my prior written consent.

C. Jurisdiction and Venue For any Legal Action Will Be in Martin County, Florida. I acknowledge that a substantial portion of negotiations, anticipated performance and execution of this Agreement occurred or shall occur in Martin County, Florida, and that, therefore, I irrevocably and unconditionally (i) agree that any suit, action or legal proceeding arising out of or relating to this Agreement shall be brought in the courts of record of the State of Florida in Palm Beach County, or the court of the United States, Southern District of Florida, (ii) consent to the jurisdiction of each such court in any such suit, action or proceeding, (iii) waive any objection which I may have to the laying of venue of any such suit, action or proceeding in any of such courts, and (iv) agree that service of any court paper may be effected on any party in any manner as may be provided under applicable laws or court rules in said state.

D. This Agreement is Governed by the Laws of Florida. I agree that this Agreement will be governed by, and construed and enforced in accordance with, the laws of the State of Florida without regard for the principles of conflicts of law.

E. Headings in this Agreement are for Convenience Only. The headings contained in this Agreement are for convenience only. The headings are not considered a part of this Agreement and will not limit or affect in any way the meaning or interpretation of this Agreement.

F. Survival. All covenants, agreements, representations and warranties made by me in this Agreement or otherwise made by me in writing pursuant to this Agreement shall survive the execution and delivery of this Agreement and the expiration or termination of my volunteerism with the Clubs, for any reason or for no reason (and regardless of who is the terminating party).

G. Waivers. If the Clubs ever fails to require, or delays requiring, my performance of any provision of this Agreement, even if known, such failure or delay will not affect the Clubs’ right to require performance of that provision, or to exercise any of its rights, powers or remedies pursuant to this Agreement. Any waiver by the Clubs of any breach of any provision of this Agreement shall not be construed as a waiver of any continuing
or succeeding breach of such provision, a waiver of the provision itself, or a waiver of any right, power or remedy under this Agreement.

H. Remedies are Non-Exclusive and Cumulative. Each remedy provided to either the Clubs or me pursuant to this Agreement is intended not to be exclusive of any other remedy available to the Clubs or me pursuant to this Agreement and shall be in addition to every other remedy available to the Clubs or me. No single or partial exercise by either the Clubs or me of any right, power or remedy provided pursuant to this Agreement shall disallow or preclude any additional exercise of such right, power or remedy by such party.

I. Preparation of Agreement. This Agreement shall not be construed more strongly against the Clubs despite the Clubs’ responsibility for its preparation.

J. ADVICE OF COUNSEL. THE CLUBS AND I EACH ACKNOWLEDGE THAT IT HAS BEEN ADVISED BY ITS OWN COUNSEL WITH RESPECT TO THE TRANSACTION GOVERNED BY THIS AGREEMENT, AND SPECIFICALLY WITH RESPECT TO THE TERMS OF SECTION 6(K), WHICH CONCERNS THE WAIVER OF EACH PARTY’S RIGHT TO TRIAL BY JURY.

K. JURY WAIVER. IN ANY CIVIL ACTION, COUNTERCLAIM, OR PROCEEDING, WHETHER AT LAW OR IN EQUITY, WHICH ARISES OUT OF, CONCERNS, OR RELATES TO THIS AGREEMENT, OR THE RELATIONSHIP CREATED HEREBY, WHETHER SOUNDING IN CONTRACT, TORT, STRICT LIABILITY, OR OTHERWISE, TRIAL SHALL BE TO A COURT OF COMPETENT JURISDICTION AND NOT TO A JURY. THE CLUBS AND I EACH HEREBY IRREVOCABLY WAIVE ANY RIGHT WE MAY HAVE TO A TRIAL BY JURY. EITHER I OR THE CLUBS MAY FILE AN ORIGINAL COUNTERPART OR A COPY OF THIS AGREEMENT WITH ANY COURT, AS WRITTEN EVIDENCE OF THE CONSENT OF THE CLUBS AND I OF THE WAIVER OF EACH OF OUR RIGHTS TO TRIAL BY JURY. NEITHER THE CLUBS NOR I HAVE MADE OR RELIED UPON ANY ORAL REPRESENTATIONS TO OR BY ANY OTHER PARTY REGARDING THE ENFORCEABILITY OF THIS PROVISION. THE CLUBS AND I EACH HAVE READ AND UNDERSTAND THE EFFECT OF THIS JURY WAIVER PROVISION.

L. This Agreement Is Our Entire Understanding. This Agreement represents the entire understanding and agreement between the Clubs and me with respect to its subject matter and supersedes all other negotiations, understandings and representations (if any) made by and between the Clubs and me regarding the same. Nothing in this Agreement shall be construed as a contract for my volunteerism, or a guarantee of my volunteerism, with the Clubs.

Volunteer Signature

Print Name

Accepted by Boys & Girls Clubs of Martin County, Inc.

________________________________________
Signature

Lindsay Gormley

Human Resource & Volunteer Director

Title
This form is required

WAIVER AGREEMENT AND STATEMENT
for Criminal History Record Checks

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize Boys & Girls Clubs of Martin County (Qualified Entity) to request information from various Federal, State, and other agencies which maintain records concerning my past activities related to my driving, criminal, civil and other experiences. I understand that I would be able to receive any national criminal history record that may pertain to me directly from First Advantage Background Services Corp. ("First Advantage"), P.O. Box 105292, Atlanta, GA 30348, 1-800-845-6004 and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

______________________________________________________________________________

(Name and Address of Previous Qualified Entity) (Year of Request)

Have you ever been convicted/plead nolo contendere to a crime or had adjudication withheld? □ Yes □ No

Are you currently awaiting trial, sentencing or other disposition of a criminal charge? □ Yes □ No

If the answer to either question is yes, please explain (state the date, type of crime, place of occurrence, disposition):

______________________________________________________________________________

______________________________________________________________________________

I authorize you to release my criminal history records, if any, to other qualified entities. □ Yes □ No

Conviction of a crime will not necessarily disqualify you for a volunteer opportunity. Each conviction will be judged on its own merit with respect to time and volunteer relatedness.

Signature: _______________________________ Date: _______________________________

Printed Name: ________________________________________________________________________________

Address: _______________________________________________________________________________________

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: Boys & Girls Clubs of Martin County

Address: P.O. Box 910, Hobe Sound, Florida 33475

Telephone: 772-545-1255 Fax: 772-545-1204

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY
This form and the following form are required.

Care Provider Background Screening Clearinghouse
Background Screening Request Form

You have applied for a position with a health care and/or service provider regulated by a specified agency in the Care Provider Background Screening Clearinghouse (Clearinghouse) that requires a fingerprint-based background check. As a health care and/or service provider regulated by a specified agency in the Clearinghouse we may conduct a search for an existing background screening result or submit a new background screening request through the Clearinghouse results website on your behalf.

In order to complete the search and/or background screening request we must collect the following information. This information is required by the Clearinghouse, the Florida Department of Law Enforcement, and the Federal Bureau of Investigation.

Please provide the following information:

**Applicant Information**

- *First Name: ___________________________
- Middle Name: ___________________________
- *Last Name: ___________________________
- Aliases: ________________________________
- *SSN: _________________________________
- *Date of Birth: _________________________
- *Place of Birth: _________________________

**Demographics**

- *Sex: _________________________________
- *Race: ________________________________
- *Hair Color: ___________________________
- *Eye Color: ____________________________
- *Height: ______________________________
- *Weight: ______________________________

**Contact Information**

- *Address Line 1: _______________________
- Address Line 2: _________________________
- *City: ________________________________
- *State: _______________________________
- *Zip: _________________________________
- County: ______________________________
- Prior States: __________________________
- Email: ________________________________
- Phone: ________________________________

*Denotes Required Fields

**Prior States**: refers only to states where you have lived during the **past 5 years**, other than Florida...
This form is required

PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

______________________________
Volunteer Name (PRINTED)

______________________________
Volunteer Signature

______________________________
Date
FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

NOTICE OF:

- SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,
- RETENTION OF FINGERPRINTS,
- PRIVACY POLICY, AND
- RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.
PRIVACY STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice