

2026 Fuller Center Volunteer Application Packet Checklist

Thank you for applying to volunteer with the Fuller Center. We are grateful for your recent visit or interest in volunteering. Please read through this packet carefully and in full.

This packet includes the application, all required forms, screening information, and important optional volunteer programs. Please review each section carefully and complete the items that apply to you. Some forms are required by outside agencies and may include language that cannot be changed. If you are a minor under the age of eighteen, please email our Teen Program Coordinator Lemiel Accius LAccius@fullercenterfl.org

For all adults over the age of 18 please fill out this application in two parts:

For Section 1, please complete the following documents then check off this list:

- ☐ Sign or fill out all pages 1-22.
- ☐ Have a copy of your required health examination or TB screening documentation.
- ☐ Complete a Level II Background Check.
- ☐ Email the Director of Community Engagement to schedule a review of your application.

Once you have completed Section 2, please contact us to finalize your application:

- ☐ Schedule your appointment with the Director of Community Engagement, Lisa Talley at LTalley@fullercenterfl.org
- ☐ Review and sign section 2 documents.
- ☐ Tour the campus to request placement in a specific program and/or classroom.
- ☐ Attend a short orientation and meet the teachers and kids.
- ☐ A final determination will be made after all documents have been submitted.

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my volunteer application by Fuller Center (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of relationship, either in the position applied for or any other position, and regardless of the contents of volunteer handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of volunteer services, or to confer any right to remain an volunteer of the Company, or otherwise to change in any respect the volunteer relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Chief Executive Officer of the Company. Both the undersigned and the Company may end the volunteer relationship at any time, without specified notice or reason. If selected, I understand that the Company may unilaterally change or revise their benefits, policies and procedures, and such changes may include privileges and certification of hours for outside agencies.

Signature of applicant _____ **Date:** _____

If you have questions while completing this packet, please contact the Director of Community Engagement, Lisa Talley at LTalley@fullercenterfl.org

Fuller Center Volunteer Application Section 1.

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

PLEASE COMPLETE ALL PAGES Name _____ Last First Middle Present address _____ Number Street City State Zip How long _____ Telephone (____) _____ Interested in: ☐ General Volunteer ☐ United Way Mentor ☐ Intern (School: _____) (Interns must be approved by both agencies)	DATE _____ Days/hours available to volunteer: No Pref _____ Thur _____ Mon _____ Fri _____ Tue _____ Sat _____ Wed _____ Sun _____
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TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ No ☐ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

No applicant will be denied employment solely on the basis of an arrest and/or conviction of a criminal offense. The date and nature of the offense, including significant details, surrounding circumstances and relevancy to the position(s) applied for may, however, be considered.

Fuller Center Volunteer Terms & Conditions Agreement

By submitting the Volunteer & Mentor Enrollment Form, 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 enrollment application may result in my being removed as a volunteer. I understand that my services are being offered on a voluntary basis, without anticipation of financial remuneration, or the promise or expectation of compensation, benefits or future employment. I understand that I am NOT an employee of the federal government or of the Fuller Center, and I agree to serve without monetary compensation. I understand that the Fuller Center will not provide me with accident or medical insurance, and is therefore not responsible for any accidents or medical expenses that I may incur during the course of my volunteering. I also understand that I am not covered by workers' compensation laws in connection with my volunteer affiliation. I understand that my participation as a volunteer may involve certain risks which will be explained to me. I release the Fuller Center, its Board or officers, agents, and employees from any losses, damages, costs and expenses, claims, demands, rights, and causes of action resulting from any personal injury, death, or damage to property arising from my volunteer activity, and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising from my volunteer activity. I understand that I am to report any on-the-job injury or illness, no matter how minor. I authorize emergency medical care if it should become necessary. I also understand that as a volunteer, I may become privy to confidential information about my assigned nonprofit organization. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about the Fuller Center's internal procedures, business operations, existing or prospective donor information, proprietary business information, personnel information, client information, and the like that is not otherwise publicly disclosed by the organization. I will not use any confidential information in any manner that would be detrimental to the organization and I will avoid any action that might impair the reputation of the organization. I acknowledge and agree that any intellectual property I may create in the course of my activities at the organization shall be the property of the organization. I agree to abide by all applicable rules and regulations of the organization and any of the department or units where I engage in volunteer activities. As a part of the screening process, I authorize the Fuller Center to conduct a criminal background check. As a condition of volunteering, I give permission the Fuller Center to conduct a background check on me, which may include a review of sex offender registries, child/domestic abuse, and criminal history records. I understand that if appointed, my position is conditional upon the organization receiving no problematic information on my background. I hereby release and agree to hold harmless from liability the Fuller Center, employees and volunteers thereof, or any other person or organization that may provide such information. I understand that, regardless of previous appointments, the Fuller Center is not obligated to appoint me a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to dismissal by the Volunteer Manager. If my volunteer work includes access to financial information such as credit card or other financial data, a credit report may also be obtained. A separate background release form will be provided to me for purposes of this authorization. If my duties include driving on my assigned nonprofit organization's business, I understand that I must possess a valid driver's license and that I will be subject to a driver's license background check. I understand that if I use my personal automobile to drive to and from my volunteer station, I will keep in effect automobile liability insurance equal to or greater than the minimum required by the state. I understand that to remain in compliance with Palm Beach County Health Department regulations, I will be subject to paperwork certifying that I am safe to work with children. I understand that some of this paperwork must be repeated on an annual or biannual basis. I understand that I must complete this paperwork before beginning my volunteer service, and that I must complete it whenever necessary to continue volunteering at the Fuller Center. I am performing volunteer service for my own purposes, and I may stop performing this service at any time. I agree that if the Fuller Center asks me to stop this service, I will do so immediately. I understand that the Fuller Center, Inc. does not discriminate against any person on the basis of race, religion, creed, national origin, marital status, sex, gender, socioeconomic class, age, sexual orientation, or disability. I have read and I understand the forgoing terms and conditions, and agree to them as a pre-condition to my serving as a volunteer of the Fuller Center. I understand and agree to the terms and conditions of my volunteer service at the Fuller Center.

Volunteer Signature: _____ **Date:** _____

Health Examination

Please submit a copy of your latest health examination or school physical showing you are in adequate health to volunteer. A summary of your last visit showing no active case of TB or communicable disease is sufficient.

If you haven't had a health check-up recently and need to schedule an appointment, we have partnered with Dr. Bartel to offer a low-cost same-day TB screening for new volunteers. You can also see a personal doctor or other provider if you prefer.

To arrange a health examination, please contact Dr. Bartel:

Website: www.bartellchiro.com

Address: 57 West Hillsboro Boulevard, Deerfield Beach, FL

Phone: 954-426-3200

Important: Please bring the following TB Screening Forms to your appointment.



**HEALTH EXAMINATION
FOR CHILD CARE FACILITY PERSONNEL**

Florence Fuller Child Development Centers
Facility's Name

On _____ I have examined _____
Date *Name*

and found him or her physically qualified to care for children.

TB RISK ASSESSMENT COMPLETED Yes ☐ No ☐

<i>Signature/Title of Health Care Provider</i>	<i>Date</i>	<i>Address (Please print or stamp)</i>
	/ /	
<i>Name (Please print or stamp)</i>		

Tuberculosis Targeted Testing Guidelines

Tuberculosis Infection Risk:

Review the following risks and administer a Tb Skin Test if this person is in one or more of the following categories.

- Recent immigrant (< 5 years) or Frequent visitor to TB endemic area
- Close contact to active TB case
- Frequent contact with others at high risk for the disease, HIV+, homeless, incarcerated, illicit drug user
- HIV+, or has other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss>10% of ideal body weight, on immunosuppressive medications.

Active TB Disease Risk:

- Does the person exhibit signs/symptoms of Tuberculosis (e.g. cough for three (3) weeks or longer, weight loss, loss of appetite)?
- If symptoms are present, work-up or refer for TB disease evaluation.

NOTE: This form must be completed fully and signed and dated.

PLEASE RETURN ONLY THIS PAGE TO CLIENT.



CONFIDENTIAL INFORMATION

Physician: Please keep this page for client's medical records

Patient's Name _____

Date: _____

TB RISK ASSESSMENT

The following questions are to be answered by patients with coughing symptoms:

1. How long have you been coughing? Number of weeks _____

(Check the appropriate answer)

2. Have you been coughing up blood? Yes ☐ No ☐

3. Have you had unexplained weight loss or decrease in appetite during the past two (2) months? Yes ☐ No ☐

4. Do you experience night sweats? Yes ☐ No ☐

5. Have you had persistent low-grade fever? Yes ☐ No ☐

6. Have you lived or worked with anyone with any of these symptoms? Yes ☐ No ☐

7. Have you ever had a positive skin test for TB?
If yes, when _____ Yes ☐ No ☐

8. Have you lived or worked with anyone who was sick with TB within the last two (2) years? Yes ☐ No ☐

9. Have you ever been treated for active TB in the past?
If yes, when _____ Yes ☐ No ☐

10. Do you have any condition that may weaken your immune system (i.e. cancer, HIV, rheumatoid arthritis, emphysema, diabetes, alcoholism, silicosis)? Yes ☐ No ☐

11. Do you take cortisone? Yes ☐ No ☐

12. Have you had stomach surgery? Yes ☐ No ☐

Signature of Interviewer

Date

EHE-DC-022
Obsoletes previous versions

References and Palm Beach County Health Department Screening

Please note that some forms may reference an employee's signature; however, for the purposes of this volunteer application, such terms are interchangeable. Additionally, several documents in this application are required for regulatory and compliance purposes by external agencies. As these forms are created and controlled by those agencies, the Fuller Center cannot alter their format, terminology, or wording. Thank you for understanding.

Please fill out this form including references. If you have no employment history, please write "No work history within the last five years."

Palm Beach County Health Department
Child Care Licensing Program

Child Care
Facility

Child Care Personnel Employment History Check
Pursuant to Article VII(G)3, Palm Beach County Rules and Regulations Governing Child Care Facilities.

Facility Name: Florence Fuller Child Development Centers

Address: 200 NE 14th St, Boca Raton FL 33432

Applicant's Name: _____ Position Applied For: _____ Date: _____

It is a requirement for all child care personnel to have employment history checks completed as a part of the screening process. Complete Parts A and B below, and attach three (3) letters of reference.

A copy of this completed form for each employee (including substitutes) must be kept on file at the facility.

A. EMPLOYMENT HISTORY FOR LAST FIVE (5) YEARS (or more).

Employer's Name	Full Address	Position Held & Description of Duties	Begin & End Dates	Supervisor's Name	Phone Number

Attach additional sheet(s) if necessary.

B. CHARACTER REFERENCES (Three (3) letters of reference are required, and at least two of the letters must be from non-relatives. List the name, address, and phone number(s) of each person who wrote an attached letter of reference.

Name (Full 1 st and last names)	Address (include Street Address, City, and Zip Code)	Phone Number

The employer must complete Page 2 of this form.

FOR USE BY FULLER CENTER STAFF: Please do not fill out this part of the form.

**Palm Beach County Health Department
Child Care Licensing Program**

Child Care Personnel Employment History Check

Pursuant to Article VII(G)3, Palm Beach County Rules and Regulations Governing Child Care Facilities.

FOR USE BY EMPLOYER OR CHILD CARE LICENSING STAFF ONLY.

Child care facility owners are responsible for conducting employment history checks for all EMPLOYEES and SUBSTITUTES as part of the background screening process. These checks involve confirming job titles, duties, employment dates, and levels of job performance. Failed attempts to obtain this information must be documented, including dates, times, and the reason(s) the information could not be obtained. In addition, the Palm Beach County Health Department will check employment history for child care facility OWNERS AND DIRECTORS. A copy of this completed form must be kept on file at the facility for all child care employees.

RESULTS OF EMPLOYMENT HISTORY CHECKS

Employer's Name	Phone Number Called	Date	Work History Confirmed (YES or NO) If "NO" explain	Ask: How would you rate the employee's job performance?	Would Employer rehire? (Yes or No)	Check Completed By

CHARACTER REFERENCES VERIFIED

Name of Reference	Date Contacted	Verified (YES or NO)	Verified By

Background Screening

The Fuller Center requires all General Volunteers, Mentors and Interns over the age of 18 to submit a Level II Background screening report.

Steps to Complete the Level II Background Screening Process

If you ordered a background check within the last five years, please provide a copy to the Fuller Center. If you require a Level II background check, you can obtain one through a background check organization such as Spirit of Giving or the Sheriff's Department.

Option 1: In-House Fingerprint Submission

Fuller Center offers in-house fingerprint submissions by appointment only. Please note there is a \$65 processing charge to run the background check. To make an appointment please email Lisa Talley LTalley@fullercenterfl.org

Option 2: Delray Beach Sheriff's Office Substation Screening

1. **Go to:** [Delray Beach Sheriff's Office Appointment](#)
2. **Choose your appointment:**
 - Click the option for “**Electronic Submissions (fingerprints submitted electronically)**” which you will provide in person.
3. **Provide the following numbers:**
 - ORI number: EDCFGN10Z and OCA number: 09 500 095 Z
4. **Bring a valid driver's license** to your appointment.
5. **Pay the Sheriff's Office Substation: \$45.00** to process the results.
6. **Notify the Fuller Center** that you have completed the background check.

Delray Beach Sheriff's Office Substation Contact Information:

- **Address:** 14925 Cumberland Dr, Delray Beach, FL 33446
- **Hours of Operation (by appointment only):** Mon – Fri, 8:00 am – 4:00 pm (closed 12:30 – 1:00 pm)
- **Phone:** 561-688-4777 or [Schedule Appointment](#)

Option 3: Spirit of Giving Background Screening

7. **Go to:** [Spirit of Giving Background Screening](#)
- ☐ **Phone:** 561-385-0144
- ☐ Or scan the QR code below to book an appointment.
8. **Fill out the Background Form:** [Background Form](#)
9. **Provide the following numbers:**
 - ☐ ORI number: **EDCFGN10Z**
 - ☐ OCA number: **09 500 095 Z**
10. **Bring a valid driver's license to your appointment.**
11. **Pay Spirit of Giving: \$65.00** to process the results. [Payment Link](#)
12. **Notify the Fuller Center** that you have completed the background check.



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



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.

Employee/Contractor Name (Printed)

Employee/Contractor Signature

Date

Notary Section

The next document, The Affidavit of Good Moral Character must be notarized. We have a notary onsite at our East Campus.

If you complete your Level II Background Check at the Fuller Center, we can notarize the affidavit during the same visit.

Please bring a valid photo ID, such as a driver's license or passport.



AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of Palm Beach

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 for certification 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:

	<u>Relating to:</u>
Section: 39.205	failure to report child abuse, abandonment, or neglect
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: 414.39	fraud, if the offense was a felony
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: 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
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 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 the offense was a minor
Section: 784.021	aggravated assault
Section: 784.03	battery, if the victim of the offense was a minor
Section: 784.045	aggravated battery
Section: 784.075	battery on staff or a detention or commitment facility or on a juvenile probation officer
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: 787.08	human trafficking
Section: 787.07	human smuggling
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
Section: 794.08	relating to female genital mutilation
Chapter: 796	prostitution
Section: 798.02	lewd and lascivious behavior
Chapter: 800	lewdness and indecent exposure
Section: 806.01	arson

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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	relating to theft, robbery, and related crimes, if the offense was a felony
Section: 817.563	fraudulent sale of controlled substances, only 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: 831.311	unlawful sale, manufacture, alteration, delivery, uttering, or possession of counterfeit-resistant prescription blanks for controlled substances
Section: 836.10	written or electronic threats to kill, do bodily injury, or conduct a mass shooting or an act of terrorism
Section: 843.01	resisting arrest with violence
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: 859.01	poisoning food or water
Section: 873.01	prohibition on the purchase or sale of human organs and tissues
Section: 874.05	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 POSITIONS REQUIRED TO BE SCREENED UNDER SECTION 408.809, FLORIDA STATUTES:

In addition to the Chapter 435, F.S. listed offenses the following offenses are also applicable for any licensure or employment required in the applicable statutes.

	<u>Relating to:</u>
Chapter: 408	felony offenses contained in Chapter 408
Section: 409.920	Medicaid provider fraud
Section: 409.9201	Medicaid fraud
Section: 741.28	domestic violence
Section: 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section: 784.03	battery, if the victim is a vulnerable adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429
Section: 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
Section: 817.234	false and fraudulent insurance claims
Section: 817.481	obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony
Section: 817.50	fraudulently obtaining goods or services from a health care provider
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
Section: 896.03	racketeering and collection of unlawful debts
Section: 896.101	the Florida Money Laundering Act

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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.

SIGNATURE OF AFFIANT: _____ 

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.

SIGNATURE OF AFFIANT: _____ 

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.

SIGNATURE OF AFFIANT: _____ 

CONTINUED ON NEXT PAGE

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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 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: _____

For Volunteers Applying to be Teen Leaders Only (18-22 years-old)

Please review the following before submitting application:

Attendance Policy:

All Teen Leaders will have a meeting with the Program Manager and create a regular community service schedule of at least 1 hour per week (4 hours on average per month), whether in person or via a project/series of meetings. If unable to keep this schedule, the Teen Leader must meet with the Program Manager and revise schedule/create accommodations. In the event of four or more absences that are not made up, a conversation will be held regarding enrollment in the program. Your commitment is crucial to the structure of our center—we *need you present!*

- If transportation is needed in order to attend the Fuller Center, this must be mentioned directly to staff and accommodations can be made.
- If a Teen Leader would like to come to the Fuller Center on a day outside of their schedule, please let staff know with notice.
- If a Teen Leader will not be attending on a day otherwise scheduled, notice must be provided. Arrangements for rescheduling must be made at the soonest convenience.
- Teen Leaders that do not satisfy a commitment of at least 4 hours per month.

Letters of Recommendation:

Teen Leaders must have at least 15 community service hours with the Fuller Center on file under the Teen Leadership program before staff can write them a letter of reference/recommendation for a college or scholarship.

Communication:

Proper communication is a vital aspect of your commitment to this program. This includes regularly checking your email, as we often send out resources and incentives via email. You may miss out on an event or opportunity, so be sure to keep your email notifications on! We also send out text reminders on occasion.

- If you need to change your contact information on file, please notify staff.

Activities:

Each Teen Leader will be expected to attend at least one Teen Leadership Program activity or event per month. This can include surveys, trainings/workshops, “Career Readiness Missions” or similar program

lessons, or trips offsite. Activities may be after hours or on weekends in certain cases, or as requested by the majority.

- If this is unable to occur for any reason, a meeting will be scheduled with the Teen Leader Program Manager and rearrangements will be made.

Sign In/Sign Out and Acquisition of Hours:

Teen Leaders will be expected to sign in upon arrival at the center as the sign in sheet instructs, and to sign out upon leaving. This includes filling out duration and description of activities, as well as emergency contact information. Correctly completing the Sign In/Out sheet ensures a timely delivery of completed hours to you from our staff, as well as a timely delivery of stipend and other forms of credit for attendance.

All of the above expectations must be upheld in order to be eligible for enrollment in the Teen Leadership Program. Anyone with questions or concerns, or with need for accommodations, can contact the Director of Out-of-School Time or the Teen Leader Manager.

Questions? Contact:

Jessica Moore, Director of OST Programs
Email: jmoore@fullercenterfl.org

For Volunteers Applying to be Mentors Only

THE FULLER CENTER MENTORING PROGRAM

Mentor Agreement

Thank you for volunteering your time and energy to support youth in our community! As a mentor in The Fuller Center Mentoring Program, you are committing to serve as a positive, consistent presence in a young person's life. Please read the agreement below and sign to confirm your commitment.

This mentoring program is supported by United Way of Palm Beach County and is grounded in the research-based best practices outlined in the [Elements of Effective Practice for Mentoring](#) by MENTOR.

MENTOR COMMITMENT

As a mentor, I agree to:

- Meet with my mentee regularly (at least 4 hours per month) for a minimum of 1 year.
- Be reliable, punctual, and communicate any schedule changes.
- Actively listen, offer encouragement, and serve as a supportive role model—not a parent or counselor.
- Respect my mentee's background, identity, and privacy.
- Complete all required background checks and mentor training.
- Follow The Fuller Center's guidelines for safety, communication, and appropriate boundaries.
- Stay in regular contact with mentoring program staff and report any concerns.
- Be open to feedback and committed to creating a positive experience for both my mentee and myself.
- Understand that approval is not guaranteed and that placement depends on program fit, availability, and completion of all required documentation.

OUR COMMITMENT TO YOU

The Fuller Center mentoring staff agrees to:

- Provide you with training, resources, and guidance throughout your mentoring experience.
- Support you in building a strong, safe, and meaningful relationship with your mentee.
- Maintain regular communication and offer one-on-one support as needed.
- Honor your time, perspective, and commitment to empowering our youth.

SIGNATURES

By signing this agreement, we commit to creating a respectful, supportive, and empowering mentoring experience.

Name (Print): _____ Signature: _____ Date: _____

Staff Name (Print): _____ Signature: _____ Date: _____

For Volunteers Applying to be Interns

THE FULLER CENTER INTERN PROGRAM

Thank you for your interest in completing an internship, Federal Work Study-Community Service Program, school credit placement, or other agency-approved service program with the Fuller Center. Internship placements are reviewed on a case-by-case basis and are not guaranteed. A formal agreement between the Fuller Center and the university, school, or agency must be on file before an internship placement can begin.

If you are applying for school credit, community service hours, Federal Work Study, or another formal program, you must email a detailed description of your program requirements to the Director of Community Engagement before your placement will be considered.

INTERN COMMITMENT

As an intern, I agree to:

- Follow all Fuller Center volunteer policies, procedures, safety guidelines, and confidentiality expectations.
- Follow the requirements established by my university, school, agency, or Federal Work Study program.
- Complete all required application documents, screenings, orientation, and training before beginning my internship placement.
- Maintain regular communication with Fuller Center staff regarding my schedule, responsibilities, and any program requirements.
- Understand that approval is not guaranteed and that placement depends on program fit, availability, and completion of all required documentation.

SIGNATURES

By signing this agreement, I acknowledge that I am applying for an internship placement and understand that approval is not guaranteed.

Name (Print): _____ Signature: _____ Date: _____

Staff Name (Print): _____ Signature: _____ Date: _____

Standards of Conduct

Florence Fuller Child Development Center/Fuller Center requires that all personnel, consultants, contractors, and volunteers abide by the following Standards of Conduct:

- a.** Ensure staff, consultants, contractors, and volunteers implement positive strategies to support children's well-being and prevent and address challenging behavior.
- b.** Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not:
 - i.** Use corporal punishment;
 - ii.** Use isolation to discipline a child;
 - iii.** Bind or tie a child to restrict movement or tape a child's mouth;
 - iv.** Use or withhold food as a punishment or reward;
 - v.** Use toilet learning/training methods that punish, demean, or humiliate a child;
- vi.** Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child;
- vii.** Physically abuse a child;
- viii.** Use any form of verbal abuse, including profane or sarcastic language, threats, or derogatory remarks about the child or child's family;
- ix.** Use physical activity or outdoor time as a punishment or reward.
- c.** Ensure staff, consultants, contractors, and volunteers respect and promote the unique identity of each child and family and do not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition.
- d.** Require staff, consultants, contractors, and volunteers to comply with program confidentiality policies concerning personally identifiable information about children, families, and other staff members in accordance with federal, state, local, and tribal laws.
- e.** Ensure no child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under their care.

Standards of Ethics

The following Code of Ethics is to be followed by all officials and employees appointed and employed by FFCDC/Fuller Center, as well as partners, consultants, and volunteers.

- a. No employee shall use an official position for personal gain, or engage in any business or transaction, or have a financial or other interest (direct or indirect) that conflicts with the proper performance of official duties.
- b. No employee shall, without legal authorization, release confidential information concerning the property or affairs of FFCDC/Fuller Center.
- c. No employee shall accept any gift with a value of more than **\$0.00**—whether a service, loan, item, or promise—from any person, firm, or corporation interested directly or indirectly in any business dealings with FFCDC/Fuller Center.
- d. Employees and officials must comply with FFCDC/Fuller Center's Conflict of Interest Policy when they or their families have a financial interest in companies, businesses, or institutions that do business with FFCDC/Fuller Center. Employees unsure about potential violations should consult the Chief Executive Officer.
- e. No employee shall engage in or accept private employment or render services for private interest when such work conflicts with official duties or impairs independent judgment in the performance of those duties. Employees with doubts should consult the Chief Executive Officer.
- f. No person shall be hired as an employee if an immediate family member, relative, in-law, or significant other is employed in a position that creates a direct reporting relationship.
- g. Staff will not use racial slurs or stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition.

Certification Statement

This is to certify that I (Print name clearly) _____ have read and understand that I am expected to abide by the Standards of Conduct and Ethics of Employment policies. I further understand that any violation of either policy may subject me to lose my privileges as a volunteer and certification of hours for outside agencies.

Signature: _____ **Date:** _____

Section 2

Ready to finalize your application?

Contact Lisa Talley, Director of Community Engagement to schedule your first day
Email: ltalley@fullercenterfl.org

To finalize your application, you may review the documents listed below, but please do not sign or date them. Please bring a valid form of ID (Driver's License or Passport) along with a printed copy of this volunteer paperwork packet.

1. Child Abuse & Neglect Reporting Requirements
2. Affidavit of Good Moral Character
 - a. This will be notarized at no-cost to you on your first day.
3. Care Provider Background Screening & Privacy Policy Acknowledgement

Thank you for applying to volunteer with the Fuller Center!

Section 2: In-Person Documents

Please fill out this section with the staff:

Fuller Center Volunteer Authorization & Policy Statements

Full Name: _____

Signature: _____ **Date:** _____

Volunteer Handbook Receipt & Acknowledgement

I have attended Volunteer Orientation where I received and reviewed the Volunteer Handbook. I promise to follow all the policies and procedures discussed in the Volunteer Handbook. I also promise to address all questions, comments, or concerns with the Volunteer Manager, or my volunteer leader. I understand how important it is to keep all the personal information I learn at the Fuller Center confidential, and promise to do so. I understand how important it is to abide by policies set forth by the Palm Beach County Health Department, and I promise to do so. I have read, understood, and agree to the terms set forth in the Volunteer Agreement within the Volunteer Handbook. (Available at www.fullercenterfl.org/volunteer)

Please Initial Here: _____

Confidentiality Statement

I understand that in the performance of my duties as a Volunteer/Mentor at the Fuller Center, I may become aware of personal information about the Center's children and/or their families. I promise to hold information and records regarding the children or their families enrolled at our Centers in confidence. Further, I understand that intentional or involuntary violation of this confidentiality may result in termination of volunteer privileges, including legal consequences under law.

Contact and Communication Statement

As a Volunteer/Mentor at the Fuller Center, all of my contact, communications, and interactions with all children and/or their families will only occur on campus property or during an approved, Fuller Center staff-supervised field trip. I will not make contact, communications, or interactions with any of the Fuller Center children and/or their families outside of the campus property, including their homes or workplaces.

Please Initial Here: _____

Permission to Take Photographs

(Volunteers, Mentors, Youth Leaders) I give my permission to the Fuller Center or any parent, subsidiary or affiliate of the Fuller Centers to photograph/videotape me. I understand that the photographs or video may be sent to news organizations and may be used for commercial purposes, including in promotional footage that will promote and support the Fuller Center or its parent, subsidiaries or affiliates, and I give my permission for the use of the photographs or video for any of these purposes without any payment or other liability to me. I also release the Fuller Center and its parent, subsidiaries and affiliates from any claims I may have in connection with the Fuller Center to use of these photographs or videotapes. I hereby expressly assume the risk and acknowledge that I have carefully read and fully understand this agreement and its contents. I am aware and agree that this is a release of liability and a contract between myself and the above organizers and participants, and I sign it of my own free will.

Full Name: _____

Signature: _____

Date: _____

Please check one box only:

☐ I attest that I am not doing hours for court appointed community service and that I have never been arrested, charged, or convicted of any crime.

☐ I attest that I am performing hours for court appointed community services. I was arrested for:

Please leave this space blank. This will be signed by the volunteer on their first day:

Volunteer/Mentor Signature: _____

Fuller Center Witness Signature: _____

Policy Statement Signed Date: _____



Child Abuse & Neglect Reporting Requirements

All child care personnel are mandated by law to report their suspicions of child abuse, neglect, or abandonment to the Florida Abuse Hotline in accordance with s. 39.201 of the Florida Statutes (F.S.).

- * Child care personnel must be alert to the physical and behavioral indicators of child abuse and neglect. "Child Abuse or Neglect" is defined in s. 39.201, F.S., as "harm or threatened harm" to a child's health (mental or physical) or welfare by the acts or omissions by a parent, adult household member, other person responsible for the child's welfare, or for purposes of reporting requirements by any person.

Categories include:

- Physical Abuse or Neglect (i.e. unexplained bruises, hunger, lack of supervision...)
 - Emotional Abuse or Neglect (i.e. impairment in the ability to function, depression...)
 - Sexual Abuse (i.e. withdrawal, excessive crying, physical symptoms...)
- * Reports must be made immediately to the Florida Abuse Hotline Information System by
 - Telephone at 1-800-96-ABUSE (1-800-962-2873), or
 - Fax at 1-800-914-0004, or
 - Online at <http://www.dcf.state.fl.us/abuse/report/>.
 - * Failure to perform duties of a mandatory reporter pursuant to s. 39.201, F.S. constitutes a violation of the standards in ss. 402.301-319, F.S. and is a felony of the third degree. **Remember**, it is each child care personnel's responsibility to report suspected abuse and/or neglect.
 - * All reports are confidential. However, persons who are mandated reporters (child care personnel) are required to give their name when making a report.
 - * It is important to give as much identifying and factual information as possible when making a report.
 - * Any person, when acting in good faith, is immune from liability in accordance with s. 39.203(1)(a), F.S.
 - * For more information about child abuse and neglect, visit the Department's website at www.myflfamilies.com/childcare and select "Training & Credentialing." The Department offers a 4-hour *Identifying and Reporting Child Abuse and Neglect* course for child care providers. This course is an overview of the various types of abuse and neglect, indicators that may be observed, the legal responsibility of mandatory reporters, and the proper procedure for reporting abuse and neglect, as required by ss. 402.305(2) and 402.313(1), F.S. The course is offered both online and instructor-based throughout Florida.

This statement is to verify that on _____, 20____, I, _____
Date Print Name of Employee

Read and understood the information and my mandated reporting requirements.

Signature of Employee (for facility or large family child care home)

Signature of Operator

CF-FSP 5337, October 2017 65C-22.001(7)(i), F.A.C.

Identification

COPY OF ID GOES HERE

Volunteer Personal Emergency Information

This form will be kept confidential in a secure location with our Program Staff.

Date: _____

Volunteer Name: _____ Date of Birth: _____

Address: _____

City, State Zip: _____

Home Telephone: _____ Cell Phone: _____

Email: _____ Cell Phone Carrier: _____

Emergency Contact: _____

Relationship: _____ Cell Phone: _____

Do you speak another language other than English? Yes: ____ No: ____

If YES, which language do you also speak? _____

Do you have any know allergies? Yes: ____ No: ____

If yes, please list: _____

Is there any health information that we should be aware of? (i.e. medical conditions, medication, contact lenses, etc.) Yes: ____ No: ____

If yes, please list: _____