



Tomorrow begins today.

Handbook for Volunteers, Mentors & Teen Leaders

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Thank you so much for committing your time to the education, health, happiness and well-being of our children, youth and families. You make a real difference in the lives of our children and the future of this community!

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Welcome to the Fuller Center....

ABOUT THE FULLER CENTER

Fuller Center is a high quality, private, registered 501(c) (3) non-profit early education and childcare center. Fuller Center provides quality childcare, early education, family support programs, across two campuses in Boca Raton, FL.

The Fuller Center has been a community cornerstone for 55 years, providing under resourced children the same educational opportunities as their more affluent peers. Our goal is to support hardworking families and their children to achieve their full potential. We believe all children should have the chance to experience success in school, in work, and in life, regardless of their parents' income or zip code.

For children 6 weeks to 5 years old, we offer a holistic early education program, setting the foundation for school success and lifelong learning. For school-age youth, we offer after-school, summer camp, and out-of-school programs to develop skills in social interaction, literacy, science, technology, math, and the arts, and providing tutoring, mentoring, and enrichment activities.

The Fuller Academy, a brand-new private school accepting step-up scholarships and parent tuition, provides the highest quality academic, physical, social, and emotional opportunities for K-3rd graders each school year. We have incorporated a teen program providing youth the opportunities to build skills in leadership, communication, project development, work skills readiness and community service. All children are provided with preventative health and developmental screenings and interventions as well as daily meals and snack.

At the Fuller Center, we believe that healthy, educated children and empowered families create a strong, supportive community. The Fuller Center offers a unique, comprehensive system of family support to ensure that parents and caregivers are empowered to provide for their families and make a positive economic impact in our community. We know that when it comes to turning the tide of generational, economic inequity and making a positive impact, tomorrow begins today!

Accreditation

The Fuller Center is accredited by APPLE. We also have a four star rating from Charity Navigator.

Support and Funding is provided in part by:

- Voluntary Pre-K
- U. S. Department of Agriculture Food Program
- City of Boca Raton
- United Way of Palm Beach County
- Palm Beach County Youth Services
- Individual Contributions
- Corporate Contributions
- Private and Corporate Grants
- Parent Fees

Who We Serve

Although the Boca Raton area is perceived as wealthy, 98% of our children come from families living at or below the Federal Poverty Level. Priority placement is given to children whose parents are economically disadvantaged. Parents must be working, attending school or in job training and must meet the income requirements for subsidized child care. A sliding fee scale is established for subsidized child care and these low fees are supplemented by the Fuller Center. Parents with children in the Head Start/Early Head Start programs are not required to pay for their child's care.

Our Teachers

Our Teachers work very hard every day caring for and teaching the next generation of this community. They do not get summer vacations or many of the federal holidays that public schools teachers do. They care immensely for the children, have the training and experience and are familiar with the parents and families. They appreciate your time and commitment in working with our children and ensuring that they grow healthy physically, cognitively and emotionally.

OUR HISTORY

1968: Two Vista women were sent to Boca Raton to help the families of migrant workers in the area. In cooperation with the newly formed South County Neighborhood Center, an attempt was made to provide a kindergarten experience to the Hispanic and Anglo children of the workers. Volunteers walked the children to the Unitarian Church on Palmetto Park Road.

1969: It was quickly apparent that more was needed. Dorothy Fleegler formed a committee to provide a program for all the children of working-class families in the city and reserve areas. Prominent Boca Raton philanthropists James and Florence Fuller donated \$150,000 toward this goal. This was just the beginning of their continued support of the Center over the years. As the building was constructed, 23 children attended classes of the Florence Fuller Child Development Center in the First Presbyterian Church.

1970 - 1971: On ground leased from the city at \$1.00 per year, the new Center was officially opened for children ages 1 through 5 years. The Center was incorporated as a 501(c)(3) non-profit.

1974: The infant nursery was dedicated by Governor Reubin Askew. Also in 1974, a latch-key program for after-school children and a 10-week summer camp for children ages 6 to 10 years were established.

1976 - 1977: The Center sponsored the first child development conference held in the area; Governor Bob Graham was the keynote speaker. The National Advisory Council on Education for Disadvantaged Children under President Gerald Ford presented an award to the Center for Outstanding Achievement.

1983: The Dr. Sam Fleegler Memorial Building was built by his friends, once again spearheaded by Florence and James Fuller. This building housed 66 additional children and a library which is entirely supported by the Doris Elmore Trust.

1989: Solon and Frances Cohen pledged \$250,000 toward the Dorothy Fleegler Annex that now provides space for our school-age program. Also in 1989, the West Center's first building, the Albert Kraftsow nursery, was completed. The David S. Stone Foundation pledged \$500,000 over a 10-year period, providing funds for the David S. Stone Preschool which opened in May of 1991.

1994: The west campus expanded with the opening of the Frances and Solon Cohen Annex which allowed for after-school and summer camp programs, completing Dorothy Fleegler's dream of two campuses serving children from low-income families.

2003: Frances Cohen donated \$250,000 to build the Roy M. Cohen Administration Building at the East Center in memory of her late son, enabling all of the administrative staff to be housed under one roof.

2005: Harold and Mary Ann Perper donated \$250,000 to build the clinic on the East Campus, providing health related services.

2013: FFCDC begins offering Family Support Services and Social Services to help working families become more self-sufficient. Preventative health screenings, nutritional and child development education, and behavioral health services are provided to help children develop healthy behaviors as they grow.

2014: FFCDC acquired the Boca Raton Children's Museum, which offers arts and science education to families in the area, fostering intellectual and creative development through hands-on learning activities, interactive displays, diverse cultural events, and unique programs.

2017 - 2018 FFCDC groundbreaking for the new Perper Learning Center, benefiting the hundreds of children enrolled at the West Campus with much needed space and expanded programming. Occupancy in summer 2018.

FULLER CENTER'S VOLUNTEER PROGRAM POLICIES

VOLUNTEER PROGRAM POLICIES

Our dedicated team of volunteers play an integral part of the centers' preschool, school-age and summer camp programs. Volunteer positions always available include: preschool assistants, baby rockers, infant room helpers, reading buddies, summer camp helpers, mentors, tutors, homework helpers, events and holiday drive volunteers, special-skills volunteers, sign language interpreters, etc.

Goals of the Volunteer Program

The main goal of the Fuller Center's volunteer program is to support the agency's mission in making a difference through education for economically challenged children and families to build a positive future in our community. We must rely on the community to assist in providing direct services to our children. In order to accomplish this, Fuller Center actively seeks and recruits volunteers on an ongoing and daily basis. Volunteers are encouraged to apply on the Fuller Center website.

Volunteer Requirements

- Must be 16 years of age or older
- Must complete the Volunteer Application
- Must be able to conduct and pass background screening
- Must be able to fulfill the physical requirements and time commitment of chosen volunteer activity
- Must be able to follow direction from staff on volunteer activity and in case of emergency procedure

The Impact of Our Volunteer Program

1. **Volunteers** gain personal satisfaction by helping a child reach their full potential. Each volunteer also gains work experience and the fulfillment of serving their community.
2. **Children** gain a dependable and caring friend, a kind helping mentor and helping hand, and an accepting atmosphere. This helps them build their self-image and the skills necessary for success in all aspects of life.
3. The Fuller Center gains a wonderful and genuine spokesperson to the community who helps others understand our mission, our work, and the importance of our children's success. Our volunteers are our uniquely appreciated ambassadors who share the significance and impact of the services provided at the Fuller Center.
4. **Community** gains an absolutely invaluable investment in its present and future. The Fuller Center serves approximately 800 children every year, preparing them for a lifetime of learning and supporting them through their elementary school years. We empower more than 600 parents to maintain employment knowing their children are in a safe, nurturing and enriching environment.

Bill of Rights for Volunteers

1. You have a right to be treated with courtesy, respect, and professionalism.
2. You have a right to be given information about the Fuller Center's policies and programs.
3. You have a right to expect consideration of your interests, preferences, skills, and education and experience when matching you to your volunteer assignment.
4. You have a right to choose or reject any available assignment.
5. You have a right to request reassignment if you are dissatisfied.
6. You have a right to expect an on-site orientation defining when and where you will work, your duties and any necessary training.
7. You have a right to guidance and direction by the Volunteer and Mentor Manager.
8. You have a right to be heard by someone in authority if you have queries or complaints.

Volunteer Code of Ethics

1. Volunteers make a firm commitment of their time, talents and skills for a definite period of time.
2. Fuller Center volunteers are subject to a code of ethics similar to that of employees.
3. Volunteers must expect to be accountable for their behavior and the quality of their work.
4. Volunteers must respect the agency's right to dismiss any volunteer for disrespect, poor work, or inconsistent/poor attendance.
5. Volunteers will keep confidential all information they may learn directly or indirectly about a child, staff, or other volunteers. Volunteers will only seek information on a child that is important to the performance of an assigned task.
6. Volunteers will treat others with dignity and courtesy at all times.
7. Volunteers will bring to their work an attitude of open-mindedness and willingness for training and supervision. They will follow agency policies and procedures, in respect for the knowledge and experience of staff from within the organization. They will attend trainings as requested by the Volunteer & Mentor Manager.
8. Volunteers will act in a professional manner and will not discuss their personal lives, politics, or religion with the children.
9. Volunteers will communicate, interact and maintain relationships with children and their families only on campus and only during operating hours.

VOLUNTEER ROLES

- ☐ Helping with infant care, in particular to hold babies. Our staff to baby ratio is 1 to 4. It is difficult for teachers to simultaneously meet the needs of 4 babies all day.
- ☐ Assisting our teachers in the preschool classrooms with learning games, songs, reading, art projects, playground time, lunch, and other activities. Classroom volunteers become a part of the program and usually assist with one class of approximately 15-20 children under 5 years old.
- ☐ Mentors, tutors, homework helpers, reading buddies in the Afterschool Program. Volunteers can also assist the Afterschool program with the activities in general.
- ☐ Summer camp assistants help camp counselors with activities, field trips, outdoor games, etc.
- ☐ Skilled volunteers provide their knowledge in creative, extracurricular activities to enhance our program and expand our children's imaginations and recreational pursuits. Examples of such activities include but are not limited to: art, music, robotics, computer coding, financial literacy, theatre and dance.
- ☐ Volunteers can also help in our library, computer lab, playing sports, etc.
- ☐ Volunteers can assist with special events and fundraisers. During special events, you may be asked to help man our welcome tables, registration, food sales, auctions, setting up and breaking down, etc.
- ☐ Volunteers are needed to help pick-up, drop-off, and sort toys, school supplies, shoes, backpacks and other goods during the holidays.

VOLUNTEER RESPONSIBILITIES AND GENERAL INFORMATION

Volunteer Program Hours

The Fuller Center's operating hours are 7:30 am to 5:30 pm, Monday-Friday. Volunteers are only allowed on campus during these hours. The only exception is during special events when supervised by program staff.

- Preschool - Hours: 7:30am – 5:30pm
- After School - Hours: 2:30pm – 5:30pm
- Summer Camp Hours - 7:30am – 5:30pm

Dress Code

1. Overall appearance should be clean and neat.
2. No tank tops (sleeveless shirts are fine) or low cut shirts or midriff shirts
3. No clothing with inappropriate graphics or phrases
4. No flip flops (for safety reasons) or strapless shoes. Closed toe or sneakers recommended.
5. No short shorts, short skirts or low-rise pants
6. Knee-length skirts are allowed, but not suggested due to the fact that you may be sitting on the floor, playing with the children, etc., which may be uncomfortable in a skirt.
7. Wearing excessive or dangling jewelry is not recommended.
8. Do not bring unnecessary personal property or valuables on campus.

Signing In and Signing Out

At the main office is a Volunteer Binder. Please remember to sign in and out every time you volunteer. Some preschool rooms also have a second Sign-In Sheet posted in their room, please sign in/out there also. This is necessary for the following reasons:

1. Maintaining security and safeguarding our children
2. For auditing purposes (financial grantors often weigh community participation when awarding monetary grants for needs & services)
3. For recognition purposes (we would like the opportunity to thank you for your time)

Unauthorized Individuals on Campus

For security reasons and according to our federal contracts, volunteers are not allowed to bring anyone into the classrooms or playgrounds that are not authorized to be on the campus and/or around the children. This applies to any family members, friends, or anyone else. If you know anyone interested in becoming a volunteer, please have them contact the Volunteer Coordinator as they must go through the background screening process.

Badges

All volunteers are issued a badge. Each time you are on campus, please wear your badge for security and communication purposes. They are kept next to the Volunteer Binder in the main office.

Consistency and Absences

Keep in mind that consistency is important in the life of a child; we try to give the children a sense of stability and teach them that they can trust and rely on people. Therefore, the Fuller Center's volunteer program asks all volunteers to be committed, punctual, and consistent. When you will be absent, please notify the teacher/counselor, or the Volunteer & Mentor Manager.

Changes in Schedule

Fuller Center staff does its best to follow a schedule and make sure that everyone is aware of a special events. On occasion, a change in schedule may arise in the classroom in which you volunteer. When this happens you may participate, decline, or volunteer in another class/area.

Agency Monitoring

The Fuller Center is funded by a number of government agencies which impose strict rules on our childcare procedures. Often, monitors show up at the centers unannounced. On occasion, the classroom in which you volunteer may be in the process of being monitored. On such occasions, you may be asked to volunteer in another classroom or perform another task.

Fire Safety Drills and Lockdowns

The Fuller Center holds our staff to very high standards when it comes to safety procedure in emergency situations. As such, we conduct occasional routine fire safety and lockdown drills. During drills or actual emergencies, please follow directions from staff quickly and exactly. Do not stop to collect belongings or materials.

Monitoring and Supervision of Volunteers

All volunteers are under staff supervision at all times. Under no circumstances are volunteers to be left alone with the children.

All volunteers of ages 16 and 17 years, must have written approval from a parent or legal guardian on file before volunteering. Volunteers and visitors will not be assigned duties involving exposure to any unusual or unacceptable health or safety risks.

Donating Supplies, Toys, Gifts and Treats – Guidelines

You are welcome to donate supplies, toys, gifts or treats to your class, multi-classes, families or staff. You must notify your Teacher and/or Volunteer Manager ahead of time to accommodate and confirm the occasion, need and storage.

- Supplies and toys must be approved so we may confirm the need and space to accommodate.
- Gifts must be unwrapped and enough for all students in class or group.
- Treats must be commercially prepared and packaged. No nuts allowed. No home-made food.

Examples of supplies accepted:

Diapers
Laundry Detergent

Sports balls
Jump ropes
Construction paper
Crayons
Water and sand toys
3-D art supplies
Primary big pencils

Preschool music
Classical music
Kid-friendly scissors
Preschool writing paper

Flash cards
Bubbles
Play-Dough
Microscopes
Baby bibs
Soft toys for infants and toddlers

Hula Hoops
Index cards
Educational toys, games and books
(in math, science, reading, money, values,
and friendship)

Preschool Clothing

Non-Toxic, washable glue/glue sticks
Non-Toxic finger paint
Finger paint paper
Toy trucks
Digital cameras
CD players
Children's art smocks
Children's dress-up clothes

Puzzles
Plastic rulers
Read-along books
Spiral notebooks
Journal notebooks

Watercolors
Dry erase board & markers

Musical instruments
Educational CDs
Puppets
Blocks – soft and wooden

GENERAL GUIDELINES FOR WORKING WITH THE CHILDREN

1. A classroom volunteer's role is to assist the teachers by fully participating in the classroom routine.
2. Volunteers are assigned to specific classrooms to spend time and become familiar with one group of 15 – 20 children. The children will get to know you and think of you as their special friend.
3. Mentors work with individual children who need extra academic support and/or individual attention. Mentors are assigned to one child or to no more than 3 children. Mentoring is a weekly commitment during the school year. **Mentoring is on-site only.**
4. Volunteers and staff are addressed by their title (Mr., Ms., Mrs., or Dr.) and their first name. Such as Miss Debbie or Mr. Dan or Dr. Mary.
5. Breakfast, lunch, and a snack are provided for the children. Volunteers may partake of these meals in their classrooms. If you wish to eat something else, please do so outside the classroom. Please note that FFCDC is a peanut-free campus as some of our children may have a peanut allergy.
6. Staff is prepared to care for sickness or injury. If a child is sick or hurt, please alert a teacher.
7. **Volunteers do not assist in toileting or changing diapers.** Some ways to assist teachers is by helping line up the children to go to the bathroom, keeping the children engaged and safe while waiting their turn, and / or reminding the children to flush the toilet and wash their hands.
8. No lifting any children over the age of two.
9. Encourage children to develop self-reliance skills and a sense of accountability; direct them to clean up their own messes, wash their own hands, and put away their own toys.
10. If you are put in charge of a group of children, never leave them unattended. If you must step away from the activity, please notify the teaching staff. **Volunteers do not work alone; staff must always be present in the same room.**
11. Never discuss a child with their parent(s). Only teachers are to relay information about a child.
12. Always consult a teacher before starting any project or activity.
13. If a child is receiving consequences for an undesired behavior – Do Not Interfere. If you would like to discuss the situation with the staff member, please do so at an appropriate time, out of range of hearing of the children.

ABOUT OUR CHILDREN

Our children come from many different backgrounds and exhibit many different behaviors and ways of exhibiting emotional attachment. At the Fuller Center, we believe that healthy relationships are built on respect, trust, and dependability, and we acknowledge that unhealthy relationships may cause developmental gaps or delays in the growth of children. It is our job to teach children about healthy relationships, to show our children what a happy, caring, and friendly relationship can be, and how to show emotional attachment in a healthy way.

Appropriate Boundaries

An important part of teaching about healthy relationships is maintaining appropriate boundaries. You can assist in teaching the children the proper way to greet a stranger, respecting personal space, and making a friend by encouraging appropriate boundaries upon introduction and throughout interaction.

For example: a child may run up to you on your first day volunteering and give you a hug. As a volunteer we ask you to introduce yourself, ask the child their name and explain to them that you are a stranger and you don't run up to and hug strangers. Then take this opportunity to ask them to shake your hand and introduce themselves to you. The next time you volunteer let them shake your hand, and the next time a hug may be appropriate. The staff is always around to help you maintain appropriate boundaries.

Tips for Effectively Communicating with Children

1. Be sure the children understand what you are saying. We sometimes use words that they do not comprehend. If they don't get it the first time or the first few times, try a simpler synonym or a shorter word.
2. Keep your voice calm and low. Do not yell. The children will get louder as you get louder, and it teaches them that the way to get what they want is to be loud.
3. Instruct children as though you fully expect them to comply. Give sufficient warnings and time. Example: *"Jake, in five minutes you'll need to stop painting and put your apron away."* In five minutes, hold Jake accountable to your request.

Commending Children

Praising children for good work, improvement or effort is very important to their success in life. Honest praise helps children to assess their personal value and build self-esteem. Research shows that children with high self-esteem are slated for success. Positive statements greatly influence children's attitudes about themselves. Be creative. Praise is a stronger motivator than gifts or candy. Think of the many things you can say that can boost a child's self-image!

Here are some examples:

"I like the way you're working."

"That's right! Good for you."

"That's quite an improvement."

"Good thinking!"

"It looks like you put a lot of work into this."

"I'm very proud of the way you worked today."

"I'm happy to be around you."

"I believe in you."

DISCIPLINE POLICY

Keeping everyone safe is our top priority. While volunteering, you may occasionally see inappropriate behaviors, including cursing, hitting, biting, etc. The staff is trained in how to deal with these behaviors. It is not your responsibility to discipline a child. Please inform a staff member immediately of any violent or potentially harmful incident. Please inform the Volunteer & Mentor Manager of any safety concern you might notice anywhere on the campus.

The Fuller Center Staff and Volunteers shall not:

1. Use “physical” or corporal punishment, inflicted in any manner on a child’s body.
2. Ridicule, intimidate, or verbally abuse children; including harsh or abusive language or tone
3. Use immobilizations other than to hold a child to prevent injury to the child (self) or staff.
4. Employ cruel, frightening or humiliating treatment or other emotionally abusive behavior.
5. Assign excessive exercise or duties that are inappropriate for the child’s age or development.
6. Assign group consequences for an individual’s behavior.
7. Deny food, clothing, shelter, medical care.
8. Utilize any kind of seclusion, painful, or aversive stimuli as a consequence.
9. Associate discipline with rest or toileting.

Progressive discipline will be administered by staff in the following manner:

1. The Fuller Center staff will use progressive, age-appropriate consequences as a means to correct negative or inappropriate behaviors in children. Consequences should coincide with active behavioral management programs. These consequences will be done in a logical and common sense fashion in conjunction with the use of positive reinforcement with the goal to induce positive, adaptive behaviors.
2. Some of the progressive consequences include: *verbal redirection, verbal de-escalation, point loss (in accordance with existing behavior plans), privilege restriction, time-out/stimulus reduction, activity restriction.*
3. Please do not interfere. If you would like to discuss this with staff, you may discuss it with the Volunteer & Mentor Manager and always away from the children.

CONTACT AND COMMUNICATION POLICY

As a volunteer of The Fuller Center, all your contact, communications and interactions with all children and/or their families is only on campus property or an approved, Fuller Center-staffed and supervised field trip. No volunteers are to make contact, communications or interactions with any of the children and/or their families outside of the campus property, including their homes or workplaces. No transporting of children or families is allowed.

CONFIDENTIALITY POLICY

The Fuller Center volunteers and mentors are bound by all legal and professional guidelines to maintain and protect the confidentiality of the agency's clients. Volunteers may not discuss a child or their personal information except in the professional execution of their assigned responsibilities as a volunteer of this agency. Care and discretion is expected of all staff to assure that the privacy of our clients is neither violated nor compromised. HIPAA is a federal regulation protecting client confidentiality and rights.

- Use the children's first names only.
- Never discuss a child's personal information outside the agency.

DISCLOSURES

Children may be exposed to negative atmospheres and relationships at home, at school or in their neighborhoods, and they may feel comfortable sharing their feelings or experiences with a caring volunteer or mentor.

While volunteering, a child may disclose something alarming about his or her personal life to you. When a child discloses such information:

- BELIEVE IT
- Listen calmly and carefully
- Do not react strongly
- DO NOT PROMISE TO KEEP IT A SECRET
- Immediately alert a Teacher, Volunteer & Mentor Manager, or another staff member on duty.

PHOTOGRAPHY, CELL PHONES, SOCIAL MEDIA

Photography of the children is not allowed. No photos are to be posted on any publication or social media site. If you would like photos of our children, please visit our Facebook page and share our posts from our social media pages.

Please keep your phone off and stowed away when volunteering on campus with the children. During your breaks, you are welcome to use your phone outside the classroom.

If you encounter media presence on campus to report on an event, a story, a program, etc. If media representatives ask you for a word, please refer them to the CEO.

During your work as a volunteer, you may be included in photographs, videos, or recordings taken by staff to document campus programming. Please alert the Volunteer & Mentor Manager or your Teacher if you object to this.

HARASSMENT POLICY

The Fuller Center will not tolerate verbal, physical or sexual harassment from anyone (including staff, volunteers or visitors) nor toward anyone (including staff, volunteers or visitors). If a volunteer experiences any harassment on campus, contact the Volunteer & Mentor Manager or Campus Director immediately.

- Verbal harassment includes (but is not limited to) consistent unkind or insulting words, intimidation, and defamation.
- Physical harassment includes (but is not limited to) any kind of unwelcome physical contact or threat of physical contact.
- Sexual harassment includes (but is not limited to) unwelcome sexual advances, unsolicited sexually suggestive conduct, requests for sexual favors, and verbal or physical harassment of a sexual nature.

CULTURAL COMPETENCY

The Fuller Center makes every effort to recognize and be sensitive to cultural diversity issues. The Fuller Center employs staff of all ethnic backgrounds and works as a team to educate and support each other in meeting the cultural needs of our clients.

1. Fuller Center does not discriminate based on ethnicity, race, culture, or heritage in its provision of service or employment practices.
2. Fuller Center makes every effort to ensure that all staff are educated and sensitive to cultural needs and cultural diversity.

3. Fuller Center makes special arrangements to utilize staff best equipped to meet any special cultural or ethnic needs of individual clients.
4. Fuller Center sends staff for ongoing training in cultural diversity and provides internal training on a regular basis (see training material).
5. Fuller Center encourages potluck gatherings where employees are welcome to share dishes from their particular cultural backgrounds and share cultural traditions.
6. Fuller Center actively seeks people of various cultural backgrounds with knowledge of various traditions and languages.

SAFETY & SANITATION POLICY

The Fuller Center provides a sanitary and safe environment for all children, staff members, volunteers and visitors in accordance with national, state, and county guidelines, as well as the Palm Beach Department of Health's licensing requirements.

Safety Procedures conducted by Program Staff

1. Daily walk-through of campuses to ensure the safety and security of the campuses.
2. Daily and weekly walk-throughs and reports are provided to Supervisors and Directors.
3. Cleaning supplies and hazardous materials are safely stored in well-ventilated, locked storerooms that can only be accessed by authorized personnel.
4. Receptacles for "sharps" such as syringes are utilized in clinics whenever necessary. These are located in the clinics and are accessible by staff.
5. All medications for children are kept in locked cabinets.
6. The water temperatures are regularly monitored through the use of pressure balance valves on all water heaters.
7. Electrical outlets are childproof.
8. The Centers are required to pass an inspection from the Palm Beach Health Department prior to relicensing yearly.
9. Staff are trained on safety procedures yearly.
10. If hazardous equipment needs to be used in any facility where the children are, it will never be left unattended by staff.
11. Candles, lighters, matches, space heaters, and any other ignitable materials may not be kept in offices or classrooms as they pose a significant fire threat.

ACCIDENT & INCIDENT REPORTING PROCEDURE

Accidents, illnesses and any on-the-job injuries, no matter how minor, must be reported immediately to your supervisor so that appropriate medical attention, and an incident report, first report of injury or other documentation (such as: *Accident/Incident Report Form*) can be timely completed and submitted.

SMOKE-FREE ENVIRONMENT

The Fuller Center is a smoke-free environment. Absolutely no smoking is permitted in any building or within the internal campuses. Adults may smoke only in designated smoking areas in the parking lot away from children.

VOLUNTEER GRIEVANCES

A grievance is a volunteer's perception that he or she has been treated unfairly by the agency or by staff. All volunteer grievances must be handled formally to ensure that no grievance is ignored or forgotten. The goal is to determine what is right and fair and to resolve differences at the lowest step of the grievance process.

1. The Volunteer should request a meeting with the Volunteer & Mentor Manager in writing, if possible. If a written request is not possible, a verbal request will suffice. The Volunteer & Mentor Manager will document the request and the meeting. The meeting will occur within one week, unless the situation is urgent, in which action will be taken immediately. Notes will be kept in the volunteer's file.
2. If the volunteer's grievance is not resolved at the Manager's level, the grievance will be forwarded to the CEO. The meeting notes with the CEO will be kept in the volunteer's file.
3. If the volunteer's grievance is not resolved at the CEO level, the grievance will be forwarded to the Board of Directors. Documentation of the grievance process will be kept in the volunteer's file.

VOLUNTEER DISMISSAL

Volunteers may be dismissed from their assignment temporarily or permanently should they fail to observe the guidelines, policies and procedures laid forth in this Handbook, or if they exhibit unacceptable behaviors, which include (but are not limited to):

1. Failure to observe posted signs or written instructions.
2. Failure to show up at scheduled times without calling ahead on more than three instances.
3. Theft, including bathroom/laundry supplies, food from the kitchen, pantry or refrigerators.
4. Misappropriation of anything belonging to the Fuller Center.
5. Use of obscene or abusive language.

6. Subjecting children to discipline related to pain/discomfort, humiliation, food, rest or toileting.
7. Harassment of any kind.
8. Spreading rumors, untruths, or harmful gossip.
9. Interfering with the ability of any employee to carry out his/her work assignment.
10. Contacting or communicating with children/families when off campus.
11. Violating rules set forth on appropriate boundaries to maintain with the children.
12. Any behavior which may adversely affect the credibility or reputation of the Fuller Center.

Disciplinary action may call for any of four steps – verbal warning, written warning, temporary suspension, or termination – depending on the severity of the problem and the number of occurrences. There may be circumstances when one or more steps are bypassed at the agency’s sole discretion.

BACKGROUND SCREENING

Federal Law requires background screening for all volunteers working with children. Court-ordered community service is not allowed. Volunteers must go through Level 1 or Level 2 background checks as follows:

- **Level 1** - This is a local, Florida Department of Law Enforcement background screening that applies to volunteer applicants under 18 years of age.
- **Level 2** - Volunteers 18 and older must have a fingerprint scan and Level 2 background check.

Livescan Provider and Payment Information

The Spirit of Giving Network conducts the fingerprint livescans. The current fee for fingerprints is \$65.00, paid directly to: FFCDC. Applicants may pay by check, credit/debit or cash. Upon receipt of your payment, you will receive an authorization form to get your fingerprints taken.

The Spirit of Giving is located at: 1515 North Federal Highway, Suite 106, **Boca Raton, FL 33432**. Their phone number is: (561) 385-0144. Appointments can be made by phone or online: <https://spiritofgivingnetwork.com/background-screening/make-an-appointment/>.

NEW VOLUNTEER DOCUMENTS AND RENEWAL INFORMATION

Volunteers must attend orientation and at that time will be provided various documents for their file. Volunteers are required by Palm Beach County Health Department and the Department of Children and Families to have the following completed documents in their file prior to starting volunteer service.

Some of these forms will need to be updated over time. Your Volunteer & Mentor Manager will contact you when it is time to update your volunteer records. See below for specific renewal documents/timelines:

Only Once:

3 Character References

Every 2 Years:

Health Exam with TB Risk Assessment

Every Year:

Good Moral Character Affidavit

Child Abuse & Neglect Reporting

Background Check Level 1 to PBC Sheriff – volunteers under 18

Every 5 Years:

Background Check Level 2 – volunteers 18+

VOLUNTEER RECORDS

The Volunteer & Mentor Manager maintains all volunteer records in a locked and secured area. The information recorded in your volunteer file is important and confidential. A volunteer checklist attached to your personal file is used to keep track of your orientation date, screenings completed, renewal dates, etc. Your volunteer file contains the following documents:

- Background Screening documents including livescan request and results
- Required Affidavits
- Signed Volunteer Enrollment Application
- References/Employment History
- Signed Child Abuse and Neglect Reporting Requirements form
- Volunteers under 18 only: signed Release of Information Request (for Level 1 screening)
- Volunteers 18 and up: Adult Background Screening Request (for Level 2 screening)
- Policy acknowledgements including but not limited to: receipt and acknowledgments of all other policies communicated, received and understood;
- receipt of Volunteer Handbook
- Health Exam

Volunteer records are monitored by the Palm Beach County Health Department to ensure the proper and updated documentation is in place. Volunteers will be notified when it is time to conduct their yearly renewal. Volunteers are to report any change of address, phone number, e-mail address, emergency contact, etc. to the Volunteer & Mentor Manager.

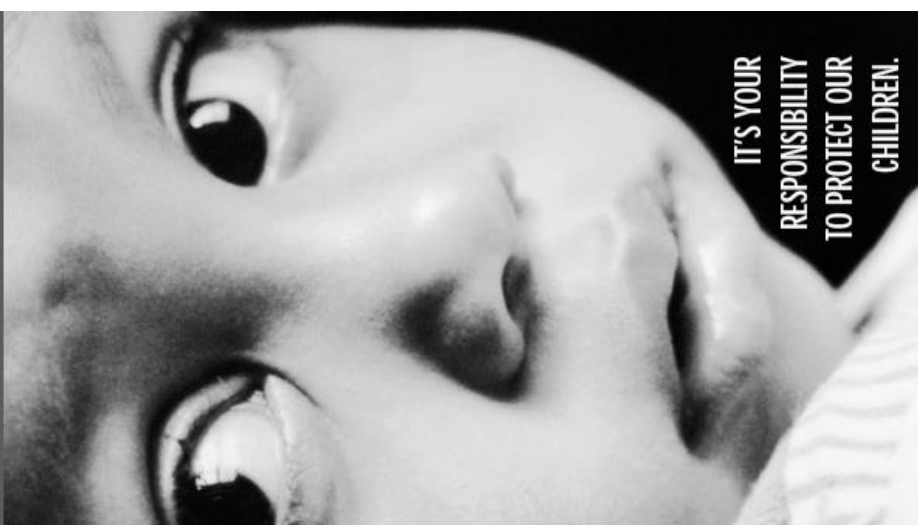
QUESTIONS AND FEEDBACK

The Fuller Center seeks to make the volunteering experience a memorable one for all of its volunteers. The Volunteer & Mentor Manager will ask volunteers to complete an evaluation of the Volunteer Program at least once a year and upon exiting the program. Feedback is necessary to allow improvement and growth. *We really want to hear from you!*

VOLUNTEER RECOGNITION/APPRECIATION

The Fuller Center appreciates all of its volunteers for their valuable support of the program. To honor and recognize the work of our wonderful volunteers, the Fuller Center holds an annual Volunteer Recognition Event. The event is typically held to coincide with *National Volunteer Appreciation Week*, during the month of April. Appreciation of our volunteer efforts is on-going and as such, volunteers may receive birthday cards, thank-you cards, be featured on our social media pages, volunteer spotlight bulletins, etc.

CHILD ABUSE & NEGLECT REPORTING REQUIREMENTS – BROCHURE



A PROFESSIONALS GUIDE TO CHILD ABUSE AND NEGLECT IN FLORIDA

**IF YOU SUSPECT A CHILD IS BEING
ABUSED OR NEGLECTED, YOU ARE
REQUIRED TO REPORT IT TO THE
FLORIDA PROTECTIVE SERVICES SYSTEM
TOLL-FREE 1-800-96 ABUSE
(1-800-962-2873)**

IMPORTANT TELEPHONE NUMBERS:

**To Report Suspected
CHILD ABUSE & NEGLECT:**
1-800-962-2873

DOMESTIC VIOLENCE:
Domestic Violence (Hotline)
1-800-500-1119

LOCAL RESOURCES:
Family Support Services
Your Local Information and Referral
(904) 421-5800

In Florida, a child is abused or neglected every **four** minutes. In reports closed during 1999-2000, 138,850 maltreatments were verified or showed some indication of abuse or neglect against 85,644 children. That figure is shocking, but, even more shocking is the fact that for every case of child abuse reported, two more go unreported.

Individuals in daily contact with children are the first line of defense against child abuse and neglect. Suspicion on the part of a teacher, school nurse, childcare provider, physician or law enforcement officer often results in the successful diagnosis of abuse or neglect. Such a diagnosis is the necessary first step in treatment for both the child and the family.

This pamphlet is intended to provide you with guidelines in recognizing and reporting abuse and neglect in Florida.



Family Support Services
OF NORTH FLORIDA, INC.
4057 Carmichael Avenue
Building 3000, Suite 101
Jacksonville, FL 32207
Phone 904.421.5800
TDD 1.800.955.8711
Email: info@fssnf.org
www.fssnf.net

THE LAW

Florida Statutes define Child Abuse and Neglect as: harm or threatened harm to a child's physical or mental health or welfare by the acts or omissions of a parent, adult household member, or other person responsible for the child's welfare, or for the purposes of reporting requirements, by any person.

Under Florida Statutes, anyone who knows or has reasonable cause to suspect child abuse or neglect is required to report it. Any person failing to report, preventing another from doing so, or making a false report may be prosecuted under the law.

IT IS YOUR RESPONSIBILITY TO REPORT ANY SUSPICION OF CHILD ABUSE OR NEGLECT.

Below are some common indicators, however, they are not exclusive, nor do they mean that abuse or neglect is occurring. They are only guidelines. If a child confides in you regarding abuse or neglect, believe him or her and provide immediate support.

	PHYSICAL INDICATORS	BEHAVIORAL INDICATORS
Physical Abuse	Unexplained Bruises & Welts: - On face, lips, mouth - On torso, back, buttocks, thighs - In various stages of healing - Reflecting shapes of article used to inflict injury (extension cord, belt buckle, etc.) - On several different surface areas - Regularly appear after absence, weekend or vacation Unexplained Burns: - Cigar, cigarette burns, especially on soles, palms, back or buttocks - Immersion burns (sock like, glove-like, doughnut shaped on buttocks or genitalia) - Patterned like electric burner, iron, etc. rope burns on arms, legs, neck or torso - Unexplained lacerations or abrasions - To mouth, lips, gums, eyes or external genitalia	- Wary of adult contacts - Apprehensive when other children cry - Behavioral extremes, aggressiveness or withdrawal - Frightened of parents - Afraid to go home - Reports injury by parents
Physical Neglect	- Consistent hunger, poor hygiene, inappropriate dress - Consistent lack of supervision especially in dangerous activities - Unattended physical problems or medical problems - Abandonment	- Begging, stealing food - Extended stays at schools (early arrival and late departure) - Constant fatigue, listlessness or falling asleep in class - Alcohol or drug abuse - Delinquency (i.e. thefts) - States there is no caretaker
Sexual Abuse	- Difficult in walking/sitting - Torn, shredded or bloody underclothing - Bruises or bleeding in external genitalia, vaginal or anal areas - Veneral Diseases, especially in preteens - Pregnancy	- Unwilling to change for gym or participate in physical education class - Bizarre, sophisticated, or unusual sexual behavior or knowledge - Poor peer relationships - Delinquency or runaway - Reports sexual assault by caretaker



HOW TO REPORT SUSPECTED ABUSE OR NEGLECT

Please report any suspicion of child abuse or neglect to the Florida Abuse Hotline. You can call toll-free, 24 hours a day, 7 days a week: 1-800-96-ABUSE (1-800-962-2873).

REPORTS SHOULD INCLUDE:

- Names and addresses of child, parent(s), guardian(s), or other persons responsible for the child's welfare.
- Child's age (and date of birth, if known), race, sex, and sibling's(s) name(s).
- Identity of abuser, if known.
- The name, address, and telephone number of the person reporting the abuse.
- Alleged abuse/neglect; or specific allegations.
- Other helpful information related to establishing a case of injury or neglect.
- Directions to the child's location at the time of the report.

If you are unsure whether or not a report should be made, please call the Hotline.

The representative will review the information with you to help determine whether it meets the criteria of abuse or neglect.

It is everyone's responsibility to ensure the safety of our children. You need to do your part. It could help save a child's life.

PRIVACY POLICY NOTICE – FEDERAL BUREAU OF INVESTIGATION (FBI)

1-789 (08-11-2010)

US Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services Division



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

PRIVACY POLICY NOTICE – FLORIDA DEPARTMENT OF LAW ENFORCEMENT

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.

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

APPLICATION FOR VOLUNTEERING

PLEASE COMPLETE ALL PAGES

DATE _____

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)

Days/hours available to volunteer:

No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

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

CONTINUED ON NEXT PAGE

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

CONTINUED ON NEXT PAGE

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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

Page 3 of 4

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.



VOLUNTEER AFFIDAVIT

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

serve in the child care program known as Florence Fuller Child Development Centers, Inc.
(print name of child care program)

I serve as a (check one)

- ☐ Volunteer – As a volunteer, I do not receive any form of payment or compensation such as money, free or reduced child care, or any other type of compensation for my time. I also understand that as a volunteer, I must submit local and state background screening and I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. If I volunteer 10 hours or more per month, or receive some form of compensation, I understand that I must submit level 2 background screening information in accordance with section 402.3055, Florida Statutes, and complete the state mandated child care training requirements.
- ☐ Foster Grandparent – As a foster grandparent, I adhere to all of the Foster Grandparent Program Guidelines pursuant to Title 45, Public Welfare, Code of Federal Regulations, section 2552.75. I also understand I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children and complete training as outlined in the rule 65C-22.003(1)(m) or rule 65C20.009(1)(a), Florida Administrative Code

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

Volunteer/Foster Grandparent Signature Date

To be Completed by the Owner/Operator/Director

I attest my name is _____, and I
am the owner/operator/director of the child care program identified above. The above individual serves, under the
above definition, as a volunteer/foster grandparent in this child care program.

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

Owner/Operator/Director Signature Date
Volunteer Coordinator Signature

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: _____