



# FLORIDA 4-H VOLUNTEER PACKET

*Making The Best, Better*





# THANK YOU FOR YOUR INTEREST IN BEING A FLORIDA 4-H VOLUNTEER!

This packet is for potential volunteers who have already decided on a volunteer role they would like to fill and have contacted their UF/IFAS Extension Florida 4-H County Agent about opportunities within their county.

If your 4-H County Extension Agent determines that your role would require you to be screened through the DCF Clearinghouse, you will need to complete all the forms contained here. Please check off the following steps as you complete them, in order to make sure you can begin your volunteer experience as quickly and smoothly as possible.

1. **ENROLL** IN 4HONLINE AS A VOLUNTEER: <https://florida.4honline.com>
  - a. For questions or assistance with your 4Honline enrollment, please call (386)329-0325 or (352) 846-4444 or email [volunteersupport@ifas.ufl.edu](mailto:volunteersupport@ifas.ufl.edu)
2. **Complete** the OYCS Youth Protection Training under trainings, and screening section questions under screening
3. **Complete** Volunteer Information located on page 2 of this packet. You will be contacted by Putnam 4-H Program Assistant Bobbi Watson to collect your Social Security Number for use in setting up the screening or you may bring it to the office with your completed packet.
4. **Complete** the Record of Volunteer Service form found on page 3 of this packet. Section 2 of this page will be completed by the county office.
5. **Complete** the DCF Attestation of Good Moral Character found on page 4 of this packet. Please read the form and sign the appropriate line. Forms with both lines signed are invalid. Note: As of October 2017 DCF no longer requires this form to be notarized.
6. **Complete** the AHCA DCF Clearinghouse Privacy Policy and Acknowledgment Form found on page 6 of this form and sign it.
7. **Send** all documents to Bobbi Watson or Heather Pogue at UF IFAS Putnam Extension (**Do not email your Social Security number as emails are public record**):

<b>MAIL Of Turn into</b>
UF IFAS Putnam Extension 111 Yelvington Rd Suite 1 East Palatka, FL 32131
<b>E-MAIL</b>
<a href="mailto:bobbiewatson@ufl.edu">bobbiewatson@ufl.edu</a> or <a href="mailto:h.pogue@ufl.edu">h.pogue@ufl.edu</a>
<b>FAX</b>
386-329-1262

You will be contacted regarding your packet after it is received by the county 4-H Office. Please complete the packet carefully. If there are errors, the screening cannot be completed and you will need to fix the errors before a screening appointment can be made.

Acceptance as a volunteer is contingent on return of this packet to State 4-H Headquarters for submission and clearance through the appropriate screening process. These processes are in place to help ensure the safety and well-being of all IFAS program participants (youth, parents, families, paid staff and volunteers).

This packet will be kept in a secure location and page two will be destroyed once the background screening is complete. You will be contacted by State 4-H Volunteer Support Staff after your packet has been

received. At that point in time, your Social Security Number will be collected for screening purposes, and kept in a secure location with the rest of this packet until the screening process is over.

**Volunteers who want to work with youth in University of Florida IFAS Programs must complete an official background screening.**

The information below is needed to initiate the 435 level 2 background screening process.

**Please complete all fields.**

## VOLUNTEER INFORMATION

First Name:	Last Name:
Mailing Address:	
Physical Address (if different from Mailing Address):	
Other states resided in within the past 5 years:	
Date of Birth:	Place of Birth: (City and State)
Female or Male:	Race:
Hair Color:	Eye Color:
Height:	Weight:
Driver's License Number:	
Issuing State:	Phone Number:
Email:	County:
Are you a public school board employee? Yes No	Are you a law enforcement or corrections officer? Yes No
Best time to call:	

# Record of Volunteer Service

## Section 1—VOLUNTEER INFORMATION

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

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Attach proof of age if volunteer is under the age of 18

Home Address: \_\_\_\_\_  
Street City State Zip

Mailing Address (if different than above): \_\_\_\_\_  
Street City State Zip

Have you ever pleaded "nolo contendere" (no contest) to or been convicted or found guilty (even if adjudication withheld) of a first degree misdemeanor or a felony?  Yes\*  No

\*If yes, please list the date: \_\_\_\_\_

Offense and disposition (please explain fully): \_\_\_\_\_

As a volunteer, I agree to abide by all applicable rules and regulations of the University of Florida and guidelines of this unit and to fulfill the volunteer responsibilities to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the university may terminate this agreement at any time without prior notice.

**Volunteer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*As the parent/guardian of \_\_\_\_\_, I grant my permission for him/her to participate as an unpaid volunteer for the University of Florida. I further acknowledge that I have completed the Authorization for Treatment form on his/her behalf.*

**Parent/guardian:** \_\_\_\_\_  
Print name Signature Date

## Section 2—TO BE COMPLETED BY THE SUPERVISOR

Department where volunteer will work: UF IFAS Putnam County Extension- Putnam County 4-H

Supervisor responsible for volunteer's work: Heather Pogue, Extension Agent I

Supervisor's phone #: 386-329-0318 Name and title

Please describe the work the volunteer is expected to perform:

Volunteer's qualifications to perform this work: \_\_\_\_\_

Volunteer work will begin \_\_\_\_\_ and end \_\_\_\_\_

Volunteer's references: \_\_\_\_\_

Name	Relationship to volunteer	Phone #
_____	_____	_____
_____	_____	_____

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# CHILD CARE ATTESTATION OF GOOD MORAL CHARACTER

State of Florida

County of \_\_\_\_\_

I, \_\_\_\_\_ who, as an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with Putnam County 4-H, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by Chapter 435 Florida Statutes in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

Section 393.135	sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
Section 394.4593	sexual misconduct with certain mental health patients and reporting of such sexual misconduct
Section 415.111	adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
Section 741.28	criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
Section 777.04	attempts, solicitation, and conspiracy
Section 782.04	murder
Section 782.07	manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
Section 782.071	vehicular homicide
Section 782.09	killing an unborn quick child by injury to the mother
Chapter 784	assault, battery, and culpable negligence, if the offense was a felony
Section 784.011	assault, if the victim of offense was a minor
Section 784.03	battery, if the victim of offense was a minor
Section 787.01	kidnapping
Section 787.02	false imprisonment
Section 787.025	luring or enticing a child
Section 787.04(2)	taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
Section 787.04(3)	carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
Section 790.115(1)	exhibiting firearms or weapons within 1,000 feet of a school
Section 790.115(2) (b)	possessing an electric weapon or device, destructive device, or other weapon on school property
Section 794.011	sexual battery
Former Section 794.041	prohibited acts of persons in familial or custodial authority
Section 794.05	unlawful sexual activity with certain minors
Chapter 796	prostitution
Section 798.02	lewd and lascivious behavior
Chapter 800	lewdness and indecent exposure
Section 806.01	arson
Section 810.02	burglary
Section 810.14	voyeurism, if the offense is a felony
Section 810.145	video voyeurism, if the offense is a felony
Chapter 812	theft and/or robbery and related crimes, if a felony offense
Section 817.563	fraudulent sale of controlled substances, if the offense was a felony
Section 825.102	abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section 825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section 825.103	exploitation of disabled adults or elderly persons, if the offense was a felony
Section 826.04	incest
Section 827.03	child abuse, aggravated child abuse, or neglect of a child
Section 827.04	contributing to the delinquency or dependency of a child
Former Section 827.05	negligent treatment of children
Section 827.071	sexual performance by a child
Section 843.01	resisting arrest with violence
Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature
Section 874.05(1)	encouraging or recruiting another to join a criminal gang

Chapter 893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at Putnam County 4-H 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.

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

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

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



## 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.

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Employee/Contractor Name (Printed)

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Employee/Contractor Signature

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Date

## FLORIDA DEPARTMENT OF LAW ENFORCEMENT

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

#### NOTICE OF:

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

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

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

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

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

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



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



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***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