



## **VOLUNTEER / CHAPERONE APPLICATION AND SCREENING PROCESS**

All volunteers working at Rosarian Academy or parents planning to be on campus during school hours (i.e. coming to have lunch with your child) must go through background screening as indicated below. ***It is the policy of Rosarian Academy that a parent coming on campus may never be unsupervised with children.***

If you are an Early Childhood parent and would like to volunteer in your child's classroom, please see the additional requirements as listed on the "Early Childhood Volunteer Screening Process" sheet.

**(All persons 12 years of age and older) working with children\* are required to have highest level of clearance:**

### **Initial Requirement:**

- Volunteer Application
- Virtus Training: [https://www.virtusonline.org/virtus/reg\\_list2.cfm?theme=0](https://www.virtusonline.org/virtus/reg_list2.cfm?theme=0)
- Level 2 FDLE/FBI/DCF LiveScan Fingerprint Check

*NOTE: Level 2 screening only needs to be completed every five years. If you have completed a Level 2 check within the past four years, we will accept that. Please notify Linda Gowen.*

***Please attach a check for \$47.50 for fingerprinting fee payable to Rosarian Academy.***

### **Yearly Requirements:**

- Level 1 screening
  - Local Screening (PBSO). Complete Attachment B Form
  - Affidavit of Good Moral Character (signed, dated, and notarized)
  - Child Abuse & Neglect Reporting Requirements
  - Volunteer Affidavit

***Please attach a check for \$3 (for PBSO fee) payable to Rosarian Academy.***

### **5-Year Renewal Requirements:**

- Level 2 FDLE/FBI/DCF LiveScan Fingerprint Check – must submit \$47.50 fee every five years

**(All persons 12 years of age and older) NOT working with children are required to have basic level of clearance:**

### **Initial Requirement:**

- Volunteer Application
- Level 1 screening
  - Local Screening (PBSO). Complete Attachment B Form

***Please attach a check for \$3 (for PBSO fee) payable to Rosarian Academy.***

### **Yearly Requirements:**

- Level 1 screening
  - Local Screening (PBSO). Complete Attachment B Form – must submit \$3 fee annually

\*If volunteering at an event where parents are responsible for their own child (ren) (i.e. Spaghetti Dinner, Family Fun Day), the volunteer will be considered "not working with children" and should adhere to the volunteer requirements in that category. **Please note that Rosarian encourages volunteers to be fully screened in order to be the most useful to helping throughout the school year.**

For questions, please contact Linda Gowen at [linda@rosarian.org](mailto:linda@rosarian.org).

*Sponsored by the Adrian Dominican Sisters*

ROSARIAN ACADEMY, INC.  
VOLUNTEER APPLICATION

Rosarian Academy, Inc. ("Rosarian") observes the principles of EEO and does not discriminate on the basis of race, color, sex, national origin, age, disability, marital or other protected status. However, Rosarian expects that a prospective or active volunteer lives a way of life consistent with the practice of the Christian faith and gospel values.

**INSTRUCTIONS:** Please print. Answer each question accurately and completely; do not refer to or attach a resume to this Application. Print "n/a" in any space that does not apply to you. Incomplete applications or applications providing additional non-requested information are considered withdrawn and will not be considered.

Volunteer Position applying for \_\_\_\_\_ Date \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

**VOLUNTEER WORK REQUESTED**

Are you 18 years of age or older? ☐ Yes ☐ No If less than 18 years of age, state current age: \_\_\_\_\_

Category: ☐ Volunteer Full-time Date(s) Available: \_\_\_\_\_  
☐ Volunteer Part-time

If part-time, days and time available: \_\_\_\_\_

Have you ever applied to work or volunteer with Rosarian? ☐ Yes ☐ No  
If yes, when? \_\_\_\_\_

Have you been previously employed by or volunteered with Rosarian? ☐ Yes ☐ No  
If yes, when? \_\_\_\_\_

In which positions did you work or volunteer? \_\_\_\_\_

Give names and positions of any relatives, including in-laws, who work or volunteer for Rosarian: \_\_\_\_\_

List any skills or qualifications including computer skills that support your volunteer application: \_\_\_\_\_

Have you ever been convicted of, or plead guilty, adjudication withheld, *nolle prosequi* or *nolo contendere* to a crime? ☐ Yes ☐ No

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

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

**\*Note: Conviction of a crime will not necessarily disqualify you from volunteering. Each conviction will be judged on its own merit with respect to time and relatedness.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Lower School/Middle School

## Level 2 Background Screening Instructions for Employees/Volunteers

Use these instructions to access the online registration portal and to sign up for an appointment to be fingerprinted. You will use this URL address and code:

<https://www.daontis.com/fl/?from=ros>

access code - 072414

- 1) Type in the URL as provided above, the system will request the access code. Type the number above.
- 2) It will then request that you create an account. You must create an account in order for your fingerprints to be processed and submitted to the school correctly. When creating an account, we recommend that you use your first initial and last name as your username, and then create a password that you will remember. The system will indicate the strength of the password. If it is not acceptable, you will not be able to create the account, and you will need to try another password. Type the password again to confirm.
- 3) At the next tab, enter the captcha words (the letters and/or numbers you see in the photo) and then click create account.
- 4) The next step is extremely important! Please ensure that you select the correct Program, ORI # and OCA #. You will select the following:
  - a. Program – VECHS Employee or VECHS Volunteer (as applicable)
  - b. ORI – scroll down until you find Rosarian Academy
  - c. Reason – select Childcare/School Employee
  - d. OCA – *this is the same as the ORI number*
  - e. *Attention to – type in the name of your supervisor*
- 5) Continue with the remainder of the registration process by entering your information. It is important that all fields marked with a red asterisks (\*) be completed.
- 6) When prompted, remember to check the Privacy Policy.
- 7) When you complete the registration process, you will be able to select an appointment location (at a convenient UPS store) and a date/time.
- 8) All employees should notify the school of the scheduled appointment date and time when they complete the registration process.
- 9) For both employees and volunteers, if you miss an appointment, the school will charge you a fee of \$12.50.



Rules and Regulations Governing Child Care Facilities & Family Day Care Facilities in Palm Beach County, Florida,  
Adopted Pursuant to Chapter 59-1698, Special Acts, Laws of Florida as Amended by Chapter 2010-249

### RELEASE OF INFORMATION

I, \_\_\_\_\_ Child Care applicant, hereby give the Palm Beach County Sheriff's Office and any other law enforcement agency permission to search their files and release any information found to the Child Care Facility listed below. I realize this search is a routine matter for all applicants, pursuant to the Rules and Regulations Governing Child care in Palm Beach County, Chapter 435, F.S. and Chapter 402, F.S.

Full Name of Child Care Facility Rosarian Academy  
Facility Address 807 N. Flagler Dr. WPB, FL 33401  
Facility OCA # 095020942 Phone # (561) 832-5131

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### TYPE OR WRITE LEGIBLY BOTTOM SECTION OF THIS FORM

Full Name \_\_\_\_\_  
First Middle (maiden) Last

Other names applicant has used (include maiden names and nicknames)  
\_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

\*Social Security No. \_\_\_\_\_ Date of Hire \_\_\_\_\_

Current Address \_\_\_\_\_

Please return this form to: Rosarian Academy (facility name)  
807 N. Flagler Dr. (facility address)  
WPB, FL 33401

\*Chapter 435, F.S., requires background screening of owners, operators, and directors. Social security numbers are also used for identification purposes when performing background screening required by 402.305, F.S."



# AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

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

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 to volunteer with \_\_\_\_\_, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

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

Relating to:

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

**CONTINUED ON NEXT PAGE**

|                   |   |
|-------------------|---|
| Section 843.025   | depriving a law enforcement, correctional, or correctional probation officer means of protection or communication             |
| Section 843.12    | aiding in an escape   |
| Section 843.13    | aiding in the escape of juvenile inmates in correctional institution  |
| Chapter 847       | obscene literature  |
| Section 874.05(1) | encouraging or recruiting another to join a criminal gang   |
| Chapter 893       | drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor |
| Section 916.1075  | sexual misconduct with certain forensic clients and reporting of such sexual conduct  |
| Section 944.35(3) | inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm   |
| Section 944.40    | escape  |
| Section 944.46    | harboring, concealing, or aiding an escaped prisoner  |
| Section 944.47    | introduction of contraband into a correctional facility   |
| Section 985.701   | sexual misconduct in juvenile justice programs  |
| Section 985.711   | contraband introduced into detention facilities   |

#### THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR MENTAL HEALTH POSITIONS

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for "Mental Health Personnel" screened pursuant to section 394.4572, F.S., defined as program directors, professional clinicians, staff members, or volunteers working in a public or private mental health program or facility who have direct contact with individuals held for examination or admitted for mental health treatment. **The additional offenses apply only to "Mental Health Personnel" as determined pursuant to Section 408.809, F.S. as listed below:**

|                     |  |
|---------------------|--|
|                     | <u>Relating to:</u>  |
| Chapter 408         | felony offenses contained in Chapter 408   |
| Section 408.8065(3) | offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application |
| Section 409.920     | Medicaid provider fraud  |
| Section 409.9201    | Medicaid fraud   |
| Section 817.034     | fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems   |
| Section 817.234     | false and fraudulent insurance claims  |
| Section 817.505     | patient brokering  |
| Section 817.568     | criminal use of personal identification information  |
| Section 817.60      | obtaining a credit card through fraudulent means   |
| Section 817.61      | fraudulent use of credit cards, if the offense was a felony  |
| Section 831.01      | forgery  |
| Section 831.02      | uttering forged instruments  |
| Section 831.07      | forging bank bills, checks, drafts or promissory notes   |
| Section 831.09      | uttering forged bank bills, checks, drafts, or promissory notes  |
| Section 831.30      | fraud in obtaining medicinal drugs   |
| Section 831.31      | the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony.  |

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21; a career offender pursuant to s. 775.261; or a sexual offender pursuant to s. 943.0435, unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at \_\_\_\_\_ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

**CONTINUED ON NEXT PAGE**

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

SIGNATURE OF AFFIANT: \_\_\_\_\_

### Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

☐ Affiant personally known to notary

OR

☐ Affiant produced identification

Type of identification produced: \_\_\_\_\_

## 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 section (§) 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 § 39.201(e), F.S., as "harm or threatened harm" to a child's mental or physical 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 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 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 § 39.201, F.S. constitutes a violation of the standards in §§ 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 § 39.203(1)(a), F.S.
- \* For more information about child abuse and neglect, visit the Department of Children and Families' website at [www.myflorida.com/childcare](http://www.myflorida.com/childcare) and select "Training Requirements." 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 §§ 402.305(2) and 402.313(1), F.S. The course is offered both online and instructor-based.

This statement is to verify that on \_\_\_\_\_, 20\_\_\_\_, I, \_\_\_\_\_  
Date Name of Employee

read or had read to me the above material and understand the information and my mandated reporter requirements.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Operator



## VOLUNTEER AFFIDAVIT

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

serve in the child care program known as \_\_\_\_\_  
(print name of child care program)

I serve as a (check one)

- ☐ Volunteer – As a volunteer, I do not receive any form of payment or compensation such as money, free or reduced child care, or any other type of compensation for my time. I also understand that as a volunteer, I must 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 forgoing, and the facts alleged are true and correct.

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

\_\_\_\_\_  
Date