



## **Thank you for your interest in volunteering at PARC!**

**We are so fortunate to have so many different people come to our programs and make a difference in the lives of children and adults with developmental disabilities.**

### **To volunteer we have the following guidelines:**

1. Each person will fill out an application and submit to the Community Relations Department. This includes all student volunteers and court ordered volunteers who will be volunteering for a limited amount of time. At this time, the applicant will receive information on PARC to make sure that the volunteer opportunities are clear to the applicant. *Individual volunteers must be at least 16 years old.*

*\*\*Court Ordered applicants are taken on a case by case basis and will only be accepted for weekends only in the PARC Thrift Store.\*\**

Applications can be downloaded on PARC's web site at [www.parc-fl.org](http://www.parc-fl.org).

2. PARC will perform a background screening for every applicant through the FDLE. Out of the safety and concern for our program participants and as a licensing agreement, a person with certain felony convictions will not be able to volunteer in the direct care program areas. This will be addressed on an individual basis. Applicants will be asked to sign an Affidavit of Good Moral Character from the Department of Children & Families which details criminal activities that will disqualify applicants.

3. After the application has cleared the background screening and the initial interview, the volunteer applicant will attend a scheduled volunteer orientation. During the orientation, the volunteer will learn about volunteerism at PARC as well as ask questions about the role of the volunteers at the agency. The volunteer will be made aware of policies and procedures that directly affect their involvement at PARC.

**Please call Lisa Blackburn at 727-341-6933 or email [lblackburn@parc-fl.org](mailto:lblackburn@parc-fl.org) with any questions.**



# Volunteer Application

Date \_\_\_\_\_

**(Please Print)**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Address (Including City, State and Zip Code)

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Cellular Phone \_\_\_\_\_ E-mail Address (if applicable) \_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Are you presently employed? Yes/No - *Please list current or last place of employment*

Company \_\_\_\_\_ Occupation \_\_\_\_\_

Please list any relatives you have working at PARC \_\_\_\_\_

Why would you like to volunteer at PARC? \_\_\_\_\_

Special skills, interest or hobbies \_\_\_\_\_

Education (*Highest Grade Completed*) \_\_\_\_\_

Are you a student? Yes / No If so, where? \_\_\_\_\_

How did you hear about volunteer opportunities at PARC? Friend Media Relative Employee  
Other \_\_\_\_\_

Please check areas of interest to you: Work with Children Work with Adults Office/Clerical  
Computer Thrift Store Special Events (weekends only) Other \_\_\_\_\_

Availability Mon Tues Wed Thurs Fri Sat Sun  
Mornings Afternoons Evening

Have you done or are you currently doing any other volunteer work? If so, please explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical limitations that may require a reasonable accommodation in order for you to perform your duties? Yes / No

Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony, misdemeanor, or other criminal offenses and/or are there any arrests or criminal proceedings pending against you?

Yes / No (Please circle) If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_

References: two (2) references are required by PARC's funding agencies

1. \_\_\_\_\_  
Name Relationship  
\_\_\_\_\_  
Address Zip Phone
  
2. \_\_\_\_\_  
Name Relationship  
\_\_\_\_\_  
Address Zip Phone

**Statement of Agreement**  
(Please read carefully)

I certify that the information given by me in this application is true in all respects and that I have not made any willful omissions. I agree to abide by all present and subsequent rules and regulations of PARC and I understand such rules and regulations may be modified at any time PARC determined that it is necessary. I understand that disclosure of confidential information concerning PARC or a client may be grounds for immediate dismissal. As a volunteer, I agree to attend orientation and participate in appropriate in-service programs as needed to fulfill my duties. I understand that volunteering at PARC does not imply an advantage toward future employment.

**I have been informed that volunteers will need to pass the required drug screening, FDLE background check process, TB test, and Zero Tolerance training required by Agency for Persons with Disabilities if I work with a client with or without the supervision of a PARC staff person.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

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***For Internal Use Only***

Court Appointed Y/N \_\_\_\_\_ Hours Required \_\_\_\_\_

Background \_\_\_\_\_ Other \_\_\_\_\_

Orientation \_\_\_\_\_ Placement \_\_\_\_\_



# CHILD CARE ATTESTATION OF GOOD MORAL CHARACTER

\_\_\_\_\_  
Name of Volunteer

PARC  
Agency

By signing this form, I am swearing or affirming that I have not been found guilty or entered a plea of guilty or nolo contendere (no contest), regardless of the adjudication, to any of the following charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction. I also attest that I do not have a delinquency record that is similar to any of these offenses.

I understand I must acknowledge the existence of any criminal records relating to the following list regardless of whether or not those records have been sealed or expunged. I understand that I am also obligated to notify my employer of any possible disqualifying offenses that may occur while employed in a position subject to background screening under Chapter 435, Florida Statutes.

Relating to:

- |           |               |   |
|-----------|---------------|---|
| Sections: | 393.135       | relating to sexual misconduct with certain developmentally disabled clients   |
|           | 394.4593      | relating to sexual misconduct with certain mental health patients   |
|           | 415.111       | adult abuse, neglect, or exploitation of aged persons or disabled adults  |
|           | 741.30        | domestic violence and injunction for protection (defined in 741.28) means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, etc. of a family or household member |
|           | 782.04        | murder  |
|           | 782.07        | manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child   |
|           | 782.071       | vehicular homicide  |
|           | 782.09        | killing an unborn child by injury to the mother   |
|           | 784.011       | assault, if the victim of offense was a minor   |
|           | 784.021       | aggravated assault  |
|           | 784.03        | battery, if the victim of offense was a minor   |
|           | 784.045       | aggravated battery  |
|           | 784.075       | battery on a detention or commitment facility staff   |
|           | 787.01        | kidnapping  |
|           | 787.02        | false imprisonment  |
|           | 787.04(2)     | taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings  |
|           | 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   |
|           | 790.115(1)    | exhibiting firearms or weapons within 1,000 feet of a school  |
|           | 790.115(2)(b) | possessing an electric weapon or device, destructive device, or other weapon on school property   |
|           | 794.011       | sexual battery  |
|           | 794.041       | prohibited acts of persons in familial or custodial authority (former)  |
| Chapter:  | 796           | prostitution  |
| Section:  | 798.02        | lewd and lascivious behavior  |
| Chapter:  | 800           | lewdness and indecent exposure  |
| Section:  | 806.01        | arson   |
| Chapter:  | 812           | felony theft and/or robbery and related crimes, if a felony   |
| Sections: | 817.563       | fraudulent sale of controlled substances, if the offense was a felony   |
|           | 825.102       | abuse, aggravated abuse, or neglect of disabled adults or elderly persons   |
|           | 825.1025      | lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult  |
|           | 825.103       | exploitation of disabled adults or elderly persons, if the offense was a felony   |
|           | 826.04        | incest  |
|           | 827.03        | child abuse, aggravated child abuse, or neglect of a child  |
|           | 827.04        | contributing to the delinquency or dependency of a child  |
|           | 827.05        | negligent treatment of children   |
|           | 827.071       | sexual performance by a child   |
|           | 843.01        | resisting arrest with violence  |
|           | 843.025       | depriving an officer means of protection or communication   |

	843.12	aiding in an escape
	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
Sections:	916.1075	relating to sexual misconduct with certain forensic clients
	944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
	944.46	harboring, concealing, or aiding an escaped prisoner
	944.47	introduction of contraband into a correctional facility
	985.701	sexual misconduct in juvenile justice programs
	985.711	contraband introduced into detention facilities

**ONE OF THE FOLLOWING STATEMENTS MUST BE MADE:**

Under the penalty of perjury, which is a first degree misdemeanor, punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to ss.837.012, or 775.082, or 775.083, Florida Statutes, I attest that I have read the foregoing, and I am eligible to meet the standards of good character for this caretaker position.

\_\_\_\_\_  
Signature of Attester

\_\_\_\_\_  
Date

**OR**

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

\_\_\_\_\_  
Signature of Attester

\_\_\_\_\_  
Date

**OR**

***for teachers and non-instructional personnel in lieu of fingerprint submission:***

I swear or affirm that I have been fingerprinted under Chapter 1012, Florida Statutes, when employed as a teacher or non-instructional employee and have not been unemployed from the school board for more than 90 days. I swear the findings of that background check did not include any of the above offenses and that I meet the standards of good character for this caretaker position.

\_\_\_\_\_  
Signature of Attester

\_\_\_\_\_  
Date

**OR**

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

\_\_\_\_\_  
Signature of Attester

\_\_\_\_\_  
Date

# Request for FDLE Criminal History Information 5-year Re-Screen

FDLE  
User Services Bureau  
Applicant Section  
P.O. Box 1489  
Tallahassee, FL 32302-1489

Facility Number: 523308  
DC&F District 5  
PARC, Missy Nevitt, Director of Operations  
St. Petersburg, FL 33710  
(727) 345-9111

Attn: Caretaker Program

The more complete this information, the better the search and associated results will be. Please type or print clearly. **FOR YOUR PROTECTION, PLEASE DO NOT FAX OR EMAIL BACK TO PARC.**

Applicant Name: Last, First, Middle \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Race: (circle one): Black White Asian American Indian Alaskan Native Unknown

Sex: (circle one): Male Female

Social Security Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

I certify that the person listed above is a volunteer (intern) or a caretaker employee requiring a 5-year re-screening. I understand that the Legislature has established a reduced Payment of \$8.00 for the criminal history checks of these persons.

\_\_\_\_\_  
Missy Nevitt, Director of Operations, PARC (Date)

**VOLUNTEER REFERENCE LETTER**

Date \_\_\_\_\_

\_\_\_\_\_ has agreed to volunteer at PARC. Our funding agencies require two references for volunteers. Your participation is appreciated.

How long have you known the volunteer named above? \_\_\_\_\_ Yrs. \_\_\_\_\_ mos.

Is your experience with he/she in business, civic, social, church, family friend etc.

\_\_\_\_\_.

To your knowledge is there any reason why he/she should not volunteer with children and/or adults with developmental disabilities.

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Would you recommend he/she to volunteer at PARC? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments (Optional) \_\_\_\_\_

\_\_\_\_\_

Printed Name \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ (No solicitations will occur.)

Signature \_\_\_\_\_ Date signed \_\_\_\_\_

Thank you for taking the time to fulfill this request.

Sincerely,



Lisa Blackburn  
Development Services Manager - Volunteer Program

**PARC**  
3190 Tyrone Blvd. North  
St. Petersburg, Florida 33710  
727-345-9111 • Fax 727-345-7130

Please visit our website to learn more about PARC, our programs and the people we serve.

[www.parc-fl.org](http://www.parc-fl.org)



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\_\_\_\_\_.

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Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Would you recommend he/she to volunteer at PARC? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments (Optional) \_\_\_\_\_

\_\_\_\_\_

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CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ (No solicitations will occur.)

Signature \_\_\_\_\_ Date signed \_\_\_\_\_

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Sincerely,



Lisa Blackburn  
Development Services Manager - Volunteer Program

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