

Cornerstone Christian School of Jacksonville

A Division of Cornerstone of Jacksonville, Inc.

Volunteer Document Checklist

Name: _____

REQUIRED DOCUMENTS

ON FILE

- | | |
|----------------------------------------------|-------|
| A. Application for Volunteer | _____ |
| B. DCF Volunteer Affidavit | _____ |
| C. Child Abuse Report (Oct. 2012) | _____ |
| D. Affidavit of Good Character (May 2019) | _____ |
| E. Two Personal References / Character Check | _____ |
| F. Driver License or Florida ID | _____ |
| G. Social Security Card | _____ |

NOTES:

- Adults cannot volunteer for more than 10 hours, per month.
- Please submit the completed documents to Mr. Donald Corley, in the school office.
- Please allow at least 5 business days for us to process this paperwork, before planning to volunteer.

9039 Beach Boulevard * Jacksonville, Florida 32216
(904) 730-5500 *Phone* (904) 730-5502 *Fax*

NOTICE OF NONDISCRIMINATORY POLICY: Cornerstone of Jacksonville, Inc. admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

IRS NOTICE: Cornerstone of Jacksonville, Inc. is a nonprofit, tax-exempt, organization under Sections 501 (c)(3) and 170 of the IRS Code, and is incorporated and registered in the State of Florida. All donations are tax deductible to the extent allowed by law.

DCF LICENSE NUMBER: C04DU1066

Cornerstone Christian School of Jacksonville

A Division of Cornerstone of Jacksonville, Inc.

Application for Volunteering

Wish To Volunteer As **(please check all that apply)**:

Classroom Parent Coach (Athletics) Admin/Office Assistant
 Assistant Coach (Athletics) Kitchen/Café Assistant PTO
 School Events Other (_____)

PERSONAL INFORMATION

First Name: _____ Middle: _____ Last: _____

List any other names you've had (*Example: Maiden Name*): _____

Mailing Address: _____

Physical Address (*if different from mailing*): _____

Date of Birth: _____ Gender: _____

Cell Phone Number: _____ Home Number: _____

Email Address(s): _____

QUESTIONS

1. Have you received or are in the process or receiving your CPR Training? Yes No
2. Have you received or are in the process or receiving your First Aid Training? Yes No
3. Do you authorize Cornerstone of Jacksonville to perform a Level 2 Background Screening (Florida Depart of Law Enforcement and/or Department of Children & Family)? Yes No
4. Under the penalty of perjury, are you eligible to meet the standards outline on the "Affidavit of Good Moral Character Form" included with this application? Yes No
5. Have you ever been arrested? Yes No
6. Have you ever been convicted of a crime? If yes, list all crimes. Yes No

LIST: _____

9039 Beach Boulevard * Jacksonville, Florida 32216 * P: (904) 730-5500 * F: (904) 730-5502

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DCF LICENSE NUMBER: C04DU1066

Version: 1/22/2018

EDUCATION INFORMATION

High School Name: _____

City: _____

Year Graduated: _____

Received Diploma: _____ Yes _____ No

COLLEGE INFORMATION

College Name: _____

City: _____

Years Attended: _____ to _____

Diploma Received: _____ Yes _____ No

PREVIOUS EMPLOYMENT OR VOLUNTEER HISTORY

Starting with your current or most recent employment and/or volunteer task:

Business Name: _____ Phone: (_____) _____

Address: _____

Title / Duties Performed: _____

Business Name: _____ Phone: (_____) _____

Address: _____

Title / Duties Performed: _____

PERSONAL REFERENCES

List two adults (excluding relatives) who know you personally and whom we may contact about you:

Name: _____

Address: _____

Primary Phone: (_____) _____ Secondary Phone: (_____) _____

How long has this person known you? _____

Name: _____

Address: _____

Primary Phone: (_____) _____ Secondary Phone: (_____) _____

How long has this person known you? _____

Continue To Signature Page

AUTHORIZATION AND AGREEMENT

I, name listed below, authorize my current and former employers, volunteering point of contact, professional references, and personal references, to release and/or submit information to Cornerstone of Jacksonville, Inc. regarding my performance, personal lifestyle, habits, character, length of time employed/volunteered, position(s) held, and any other information which Cornerstone of Jacksonville, Inc. deems useful in considering my application. I certify that all information I submit to Cornerstone of Jacksonville is true and complete to the best of my knowledge. Furthermore, I authorize Cornerstone to investigate any and all information, including but not limited to; social media presences, history of criminal conduct, child abuse/neglect, or moral turpitude. If I am allowed to volunteer at Cornerstone of Jacksonville, I understand that I may be asked to stop volunteering at any time, for any reason, with or without cause. If it is determined at any point that I provided false or misleading information whether written or oral, I will be unable to continue volunteering. I understand, that I will be required to abide by all of Cornerstone of Jacksonville’s Policies and Procedures. I understand that any volunteering will be contingent upon the successful completion of Cornerstone’s Volunteering Process, which includes but is not limited to; Cornerstone obtaining and reviewing my Level 2 Screening Results. I hereby give my consent for a vendor of Cornerstone’s choosing, to conduct a Level 2 Background Screening and to send the screening results directly to Cornerstone of Jacksonville. I understand that volunteering and/or completing this application and/or any other paperwork, should not be construed as an offer of employment in anyway. I understand that I will NOT be compensated in any way by Cornerstone of Jacksonville.

RELEASE AGREEMENT

This Release and Waiver of Liability (the “release”) executed on the date signed below by the, volunteer applicant listed below, (“Volunteer”) release Cornerstone of Jacksonville, Inc and the property owner, Cornerstone Christian School, Inc (“COJ & CCS”) and each of their successors, assigns, directors, officers, employees, shareholders, agents and subcontractors.

The parties hereby agree as follows: The Volunteer desires to provide volunteering services to COJ and/or CCS and engage in activities related to such service. Volunteer understands that he/she is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of services provided to COJ and/or CCS.

Waiver and Release: I, the Volunteer, for myself and my heirs, executors, administrators and assigns, hereby release, waive, discharge and hold harmless, COJ and CCS and their successors, assigns, directors, officers, shareholders, employees and agents from any and all liability, claim and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to COJ and/or CCS. I understand and acknowledge that this Release discharges COJ and CCS from any liability or claim that I may have against COJ and CCS with respect to bodily injury, personal injury, illness, death, property damage, or any other claim that may result from the services I provide to COJ and/or CCS or occurring while I am providing services.

Insurance: Further, I understand that COJ and CCS do not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, workers compensation, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of COJ and CCS beyond what may be offered freely by COJ and CCS in the event of injury or medical expenses incurred by me.

Medical Treatment: I hereby release and forever discharge COJ and CCS from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a Volunteer with COJ and/or CCS.

Assumption of Risk: I understand that the services I provide to COJ and/or CCS may include activities that may be hazardous. As a Volunteer, I hereby expressly assume risk of injury or harm from these activities and release COJ and CCS from all liability.

Other: As a Volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily. Furthermore, I acknowledge my agreement & understanding with all of the information within this application.

Print Full Name: _____

Signature: _____ Date: _____

Cornerstone’s Rep Name: _____ Signature: _____



VOLUNTEER ACKNOWLEDGMENT

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

serve in the child care program known as Cornerstone of Jacksonville, 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 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 background screening information in accordance with section 402.3055, Florida Statutes, and complete the state mandated 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)(l), rule 65C-22.008(4)(a)7, or rule 65C-20.009(1)(a) Florida Administrative Code

I attest that I have read and that I understand the foregoing.

Volunteer/Foster Grandparent Signature

Date

To Be Completed by the Owner/Operator/Director

I attest my name is Donna L. Stables, and I
(print owner/operator/director name)

am the owner/operator/director of the child care program identified above. The above
(circle one)

individual serves, under the above definition, as a volunteer/foster grandparent in this child care program.

I attest that I have read and that I understand the foregoing.

Owner /Operator /Director Signature

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.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 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 _____, 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



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 _____, 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	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 _____ 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: _____

In Witness Whereof, Employee has attested to Good Moral Character on this date _____.

SIGNATURE of Owner/Director: _____

Cornerstone Christian School of Jacksonville

A Division of Cornerstone of Jacksonville, Inc.

Personal Reference Check

Name: _____

Personal Reference #1

List one adult (excluding relatives) who knows you personally and whom we may contact:

Name: _____ Relationship to Person: _____

Primary Phone Number: (____) _____ Secondary Number: (____) _____

Email Address(s): _____

How long have you know this person: _____

Office Use Only

Date Contacted: _____ Time Contacted: _____

Comments: _____

Contacted By: _____

Personal Reference #2

List one adult who knows you personally and whom we may contact:

Name: _____ Relationship to Person: _____

Primary Phone Number: (____) _____ Secondary Number: (____) _____

Email Address(s): _____

How long have you know this person: _____

Office Use Only

Date Contacted: _____ Time Contacted: _____

Comments: _____

Contacted By: _____