

Volunteer Application



General Information

Last Name:		First Name:		MI:	Title:
Home Address:			City:	Zip:	
Home Phone:		Work Phone:		Cell Phone:	
Email:					
May we put you on the email newsletter list?			Native Language:		
Other Languages You Read, Write, or Speak:					
Most Recent Employer:			Type of Work:		
Currently in school?	School Name:			Major/Minor:	

Statistical Information

Age & Gender	<input type="checkbox"/> 15 & under	<input type="checkbox"/> 16-18	<input type="checkbox"/> 19-24	<input type="checkbox"/> 25-44	<input type="checkbox"/> 45-59	<input type="checkbox"/> 60 & older
	<input type="checkbox"/> Male	<input type="checkbox"/> Female	If under 18, birth date (m/d/yr)			
(for Grant Info)	<input type="checkbox"/> Veteran	Service Yrs _____	<input type="checkbox"/> Baby boomer born 1946-1964			

Ethnic Origin:	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> White	<input type="checkbox"/> Black/African American
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> Other:

Education	<input type="checkbox"/> Up to Grade 12	<input type="checkbox"/> GED	<input type="checkbox"/> High School Diploma
	<input type="checkbox"/> Some College	<input type="checkbox"/> College Degree	<input type="checkbox"/> Graduate Degree

Employment Status	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Retired	<input type="checkbox"/> Disabled
	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Homemaker	<input type="checkbox"/> Other:	

Residence Status	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Immigrant	<input type="checkbox"/> Permanent Resident
	<input type="checkbox"/> Temporary Resident	<input type="checkbox"/> Refugee	

How did you hear about UMCM?	<input type="checkbox"/> VolunteerMatch	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Church	<input type="checkbox"/> Employer	<input type="checkbox"/> TV/Radio
	<input type="checkbox"/> Special Event	<input type="checkbox"/> Friend/Family	<input type="checkbox"/> UMCM Website	<input type="checkbox"/> Library	
	<input type="checkbox"/> Other:				

References

Please list two persons not related to you that we may contact as references.

Name:	Name:
Phone:	Phone:
Email:	Email:
Relationship:	Relationship:

Interests

Please mark the types of volunteer work that interest you the most.

<input type="checkbox"/> Administrative (mailings, typing, assembly, answering telephone calls)
<input type="checkbox"/> Tutoring Adults (teaching English language or family literacy)
<input type="checkbox"/> Tutoring School-Age Children (homework help, English, reading, math)
<input type="checkbox"/> Tutoring Pre-School Age Children (teaching English language, classroom aide, special events)
<input type="checkbox"/> Working with Infants (rocking, feeding/giving bottles, classroom aide)
<input type="checkbox"/> Public Relations/Publicity (speaking to groups, writing, delivering flyers, serving on PR committee, serving as a liaison in your church)
<input type="checkbox"/> Computer (computer lab coach, teaching basic computer classes, computer equipment maintenance)
<input type="checkbox"/> Handyperson (building maintenance, painting, etc)
<input type="checkbox"/> Sewing Projects
<input type="checkbox"/> Board of Directors or Special Committee
<input type="checkbox"/> Other:

Emergency Contact Information

Last Name:	First Name:	Title:
Contact Phone:	Relationship to You:	
Special Needs regarding your medical condition:		

Are you a seasonal resident? Yes No
 If so, what months are you unavailable to volunteer?

When are you available to volunteer?

Mornings Afternoons Evenings

Which days of the week?

Preferred location to volunteer?

Church home/faith based group: (if applicable)

Why would you like to be a UMCM volunteer?

Are there any special skills, experience or interests that you would like to use while volunteering with us?

Please return this application to us
 By email: volunteers@umcm.info
 By fax: (727) 286-6293
 By mail or in person:
 United Methodist Cooperative Ministries
 403 First Ave. SW, Suite # 102, Largo, FL 33770

For office use:

Program Assignment:	Site:
For ESOL - Workshop Completed:	Date of Application:

Volunteer Agreement



Last Name _____ First Name _____

Program Assignment _____ Site _____

I understand that my volunteer work with UMCM is deeply appreciated and valued.

I understand that as a volunteer I have certain rights, such as:

- To be treated with respect, dignity and sensitivity
- To ask questions I might have and clarify expectations of my role as a volunteer.
- To work with my program supervisor to set time limitations and schedules that work for me
- To give feedback and suggestions to my supervisor or the agency Volunteer Coordinator that would help me and UMCM work more effectively for clients
- To expect confidentiality and protection of my records and personal information
- To be informed prior to any change in my volunteer assignment

I also understand that as a volunteer I have certain responsibilities, such as:

- To treat all clients and staff members with respect, dignity and sensitivity
- To always be prepared ahead of time to do my assigned job
- To obtain needed materials and resources authorized by the agency for completing my assigned task
- To attend in-service trainings, workshops or refresher groups that UMCM provides so I may stay up-to-date in my knowledge and skills
- To turn in all assigned paperwork and reports in a timely manner
- To notify my program supervisor, as far in advance as possible, when I will not be able to serve
- To notify my program supervisor if any problems occur or if I have concerns

I understand that I have the responsibility to respect the religious affiliation or non-affiliation of all UMCM clients, volunteers and staff members.

I understand that as a volunteer I am not to transport any client to or from any UMCM site without specific approval of the UMCM program supervisor.

I understand that, while my assigned clients may be extremely appreciative of my volunteer work with them and wish to acknowledge that through gifts to me, the agency policy is that staff and volunteers may not accept monetary gifts or items with any appreciable value.

I understand that if I become concerned about a client to whom I am assigned, I need to talk with my program supervisor and that if I become aware of any form of abuse or neglect that this must be reported immediately to my supervisor and the Department of Children and Families.

I understand that if I am 18 years of age or older and volunteer with children or the elderly more than 10 hours per month, the State of Florida requires a finger background check.

Confidentiality Statement

It is imperative that all staff and volunteers who are engaged within the programs of UMCM and provide service to consumers respect the confidentiality of information concerning each adult, youth and child. Families or persons with whom you work and their circumstances, progress, etc. are not to be discussed with anyone outside of the agency, staff, or supervisor. If it is necessary to refer a child or family to outside supportive services only the Director may do this.

Volunteer Initials _____

Public Relations Statement

Positive visibility and community support are essential ingredients for all UMCM seeks to do in our programs. Volunteers are asked to please refer all media inquiries to the agency Executive Director.

Volunteer Initials _____

- **As a volunteer for UMCM, I accept all the above rights and responsibilities and agree to follow all agency guidelines and policies.**

Signature _____ Date _____

Permission for Recording and Photography

Photographs, videotape, audio recordings and/or digital recordings will be taken at UMCM programs, workshops, events, etc. I hereby give my permission for myself to be photographed, videotaped, audio recorded or digitally recorded while participating in these activities. I agree that these images may be used by United Methodist Cooperative Ministries for a variety of purposes such as promoting outreach and recruitment, training, public relations, fundraising, or evaluation. I agree that these images may be used without further notifying me. I understand that there will be no financial compensation for the use of images taken of me.

Signature _____ Date _____

Parent's signature if under 18 _____ Date _____

Waiver of Liability

Volunteers (and volunteer's parent(s)/guardian(s), if applicable) hereby acknowledge and understand that voluntary participation in the United Methodist Cooperative Ministries (UMCM) activities involves the risk of injury and/or death. These risks and dangers may be caused by the negligence of the participant or the negligence of others. By participating in such activities, volunteers (and or volunteer's parent(s)/guardian(s), if applicable) expressly assume all the risk, consequences and liability related to these activities.

Volunteers (and volunteer's parent(s)/guardian(s) if applicable) hereby release, forever discharge and hold harmless the United Methodist Cooperative Ministries (UMCM), Gulf Central District of the United Methodist Church, Florida Annual Conference of the United Methodist Church, it's officers and directors, employees, agents and volunteers from all actions, causes of action, injuries, claims, negligence, costs or expenses, arising out of or related to any such activities.

Volunteer's Signature: _____ Date: _____

Parent or Guardian signature if volunteer is under 18 years of age:

_____ Date: _____



CHILD CARE AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of _____

Before me this day personally appeared _____ who, being duly sworn, deposes and says:
(Applicant's/Employee's Name)

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 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) Chapter 893	encouraging or recruiting another to join a criminal gang 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 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: _____



VOLUNTEER ACKNOWLEDGEMENT

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

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



403 1st Avenue SW
Suite 102
Largo, FL 33770

Phone: (727) 442-6881
Fax: (727) 286-6293

contact@umcm.info
www.umcm.info

Pamela S. Qualls
Executive Director

Programs and Projects

Backpacks 4 Successful
Students Project

Children of the World
Preschool

Collaborative Food
Pantries

Ditty Bag Project

Doug Brown Street
Ministry

Families Learning
Together Literacy
Program

Family Support
Services Program

Pack-A-Sack 4 Kids
Program

P.A.S.S. Tutorial
Program

Suncoast Community
Citizenship Project

Pinellas County Sheriff's Office
Records Section
P.O. Box 2500
Largo, FL 33779

Dear Sheriff Bob Gualtieri:

Pursuant to chapter 435, F.S., United Methodist Cooperative Ministries, a non-profit social services organization, requests a local record's check on the volunteer applicant listed below:

_____	_____	_____	_____
Last Name	First Name	Middle	
_____	_____	_____	_____
Date of Birth	Maiden or Other AKA Name	Race	Sex

Date Form Submitted

Please document the finding on this check and return the information in the enclosed stamped self-addressed envelope.

Thank You,

Pamela S. Qualls

Pamela S. Qualls
Executive Director
United Methodist Cooperative Ministries

To our UMCM volunteers: A local criminal records check is required for volunteers age 18 and older in our organization. By providing this information, you give us permission to conduct that records check with the Manatee County Sheriff's Office. We will mail the forms and supply the return envelope. All information received from MCSO, the information contained on this form, and any other personal information you provide to UMCM will be kept strictly confidential in accordance with the Privacy Act.