

**West Jupiter Community Group, Inc.**  
**Edna W. Runner Education Center**  
7187 Edna Runner Way - Jupiter, FL 33458  
Tel. ~ 561 745-0950

## **Volunteer Application Packet**

1. Fingerprinting instructions (Mandatory prior to a volunteer working with the students)
2. Fingerprinting Privacy Policy and Acknowledgment
3. Volunteer Application
4. Volunteer Program Description & Agreement
5. Volunteer Liability Release
6. Affidavit of Good Moral Character
7. Abuse & Neglect Reporting Requirements
8. Sexual Harassment Policy
9. Volunteer Confidentiality Agreement
10. Volunteer Affidavit
11. Conflict of Interest Policy
12. Volunteer Orientation

*West Jupiter Community Group, Inc. is a 501(C) 3 not-for-profit organization*





## **Background Screening**

❖ **ONLINE APPOINTMENT REGISTRATION INSTRUCTIONS:**

**WEBSITE:** [www.L1ENROLLMENT.COM](http://www.L1ENROLLMENT.COM)

**SCROLL DOWN AND PRESS DIGITAL FINGERPRINTING ICON**

**CHOOSE STATE: FLORIDA**

**SCROLL DOWN AND PRESS DIGITAL FINGERPRINTING AGAIN**

**SCROLL DOWN AND PRESS SCHEDULE NEW APPOINTMENT**

**AGENCY NAME: DCF**

**ORI# EDCFCC40Z**

**OCA# 09-501065Z**

**ENTER ZIP CODE**

**LOCATION: 4152 W. Blue Heron Blvd. Ste.108 West Palm Beach, FL (Preferred)**

**CHOOSE APPT. DAY AND TIME**

**COMPLETE THE APPLICATION**

- ❖ **Once completed you must select make e-payment now, and pay for the fingerprinting.**
  - ❖ **Must be paid prior to appointment or they will not process your fingerprints.**
  - ❖ **They do not accept payments at the location.**

**WEST JUPITER COMMUNITY GROUP, INC 7187 EDNA RUNNER WAY, JUPITER FL 33458**





## 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

Social Security Number Required for Eligibility Review

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## **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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## **FBI PRIVACY ACT 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:**

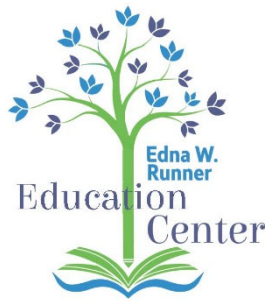
Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, 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 in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).



## VOLUNTEER APPLICATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

VOLUNTEERING: TUTORING: \_\_\_\_\_ (Tutoring Hours are 2:15-4:15 M-TH)

ELEMENTARY GRADE PREFERENCE: K-1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup>-3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup>-5<sup>th</sup> \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_

EVENTS \_\_\_\_\_ FIELD TRIPS \_\_\_\_\_ FACILITY \_\_\_\_\_ FUNDRAISING \_\_\_\_\_

DAYS AVAILABLE: (circle) Monday Tuesday Wednesday Thursday

HOURS AVAILABLE: \_\_\_\_\_

EDUCATION BACKGROUND: \_\_\_\_\_

OTHER SKILLS: \_\_\_\_\_

### PERSONAL REFERENCES:

Name	Address	Phone
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1.	_____	_____
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2.	_____	_____
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3.	_____	_____
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ANY PHYSICAL LIMITATIONS: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_

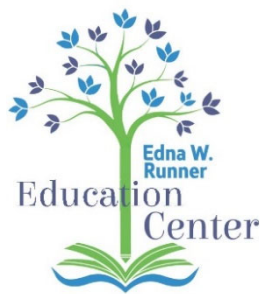
NAME

PHONE

Signed \_\_\_\_\_ Date \_\_\_\_\_

WEST JUPITER COMMUNITY GROUP, INC 7187 EDNA RUNNER WAY, JUPITER FL 33458





## Volunteer Program Agreement

1. Definition: A volunteer is a non-paid person functioning under the sponsorship of the Board at the direction of the Executive Director/Assistant Director.
2. The Executive Director shall be responsible for the direction of the program and its compliance with all laws pertaining to volunteers, which shall include the recruitment of volunteers and the evaluation of the program.
3. Volunteers registered with the West Jupiter Community Group, Inc. are protected by the Board's Worker's Compensation and General Liability Self-Insured Program the same as regular employees.
  - a. All programs shall maintain a log, which will record names, dates, and hours of service(s) and tasks assigned. All volunteers shall sign in and out when volunteering in a program or program-related activity.
  - b. Volunteers must wear identification badges while on agency property.
  - c. Volunteers may be screened through the Florida Department of Law Enforcement.
4. Categories
  - a. Instructional Volunteers: Provide services to students and staff on a regular basis.
  - b. Resource Volunteers: Provide curriculum enrichment for students on an occasional basis. Discuss jobs; demonstrate crafts, share collections, or hobbies with students, etc.
5. Responsibilities:
  - a. Work within guidelines established by the Executive Director.
  - b. Perform any task assigned by Program Coordinator and approved by the Executive Director/Assistant Director, excluding access to student's cumulative records.
  - c. Work under the direction and supervision of the Program Coordinators and the Executive Director/Assistant Director.
  - d. Maintain strict confidentiality with information to which they have access while performing their duties.
  - e. Be aware of all state and local policies, procedures, and laws relevant to volunteer responsibilities.
  - f. See attached holiday list for closings or changes in schedule.
6. Stipend/Reimbursement Policy

Volunteers who consider purchasing items for which they anticipate reimbursement, please be advised that due to the fact that the West Jupiter Community Group, Inc. is a not-for-profit organization, the Executive Director must approve such purchases in advance. In addition, due to the non-profit status of the organization, stipends for volunteer work performed are not available.

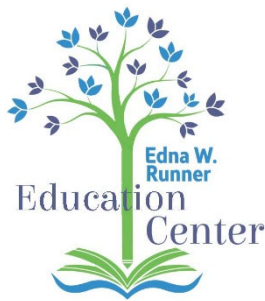
Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

**WEST JUPITER COMMUNITY GROUP, INC 7187 EDNA RUNNER WAY, JUPITER FL 33458**







## VOLUNTEER LIABILITY RELEASE FORM

In consideration of my desire to serve as a volunteer at West Jupiter Community Group Inc., I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary exercise or other activity of any nature, including the use of equipment and facilities of West Jupiter Community Group Inc.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge West Jupiter Community Group Inc. and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such volunteer or my participation therein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

West Jupiter Community Group Inc. 7187 Church St. Jupiter, FL 33458 Tel: 561-745-0950 Fax: 561-745-0260







# CHILD CARE AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of Palm Beach

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 Edna W Runner Education Center, 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)	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 Edna W Runner Education Center 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: \_\_\_\_\_



## 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:**

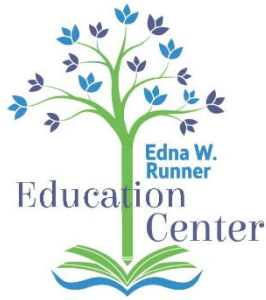
- Physical Abuse or Neglect (i.e. unexplained bruises, hunger, lack of supervision...)
  - Emotional Abuse or Neglect (i.e. impairment in the ability to function, depression...)
  - Sexual Abuse (i.e. withdrawal, excessive crying, physical symptoms...)
- \* Reports must be made immediately to the Florida 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](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 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 \_\_\_\_\_, 20\_\_\_\_, 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



## SEXUAL HARASSMENT POLICY

West Jupiter Community Group, Inc. provides a workplace free of discrimination. Actions, words, jokes, or comments based on an individual's sex, race, age, ethnicity, religion, or any legally protected characteristic are not tolerated. Overt and subtle harassment creates an offensive, hostile, and uncomfortable work environment and is strictly prohibited.

Harassment by any employee or by a client to an employee requires investigation. If harassment is found, the harasser will be subject to disciplinary action including possible termination.

West Jupiter Community Group, Inc. prohibits sexual harassment. West Jupiter Community Group, Inc. employees, volunteers, clients, and applicants have a right to work in a discrimination free environment, including freedom from sexual harassment.

Sexual harassment is strictly prohibited and will not be tolerated. Sexual harassment may be defined as, but not limited to:

- ◆ Suggesting to an employee that submitting to sexual favors enhances employment opportunities and/or advancement.
- ◆ Threatening or insinuating that refusal to submit to sexual advance will adversely affect employment appraisal, wages, advancement, assigned duties, shifts, or any other condition of employment or career development.
- ◆ Offering unwelcome sexual advancement or flirtation.
- ◆ Using sexually degrading words.
- ◆ Offering sexually suggestive or erotic comments regarding a person's body or mannerisms.
- ◆ Displaying graphically sexual pictures and/or objects in the workplace.

Supervisors shall maintain a workplace free of sexual harassment. Sexual harassment policies shall be discussed with employees assuring that insulting and/or degrading sexual harassment shall not be tolerated.

West Jupiter Community Group Inc. 7187 Church St. Jupiter, FL 33458 Tel: 561-745-0950 Fax: 561-745-0260



### Sexual Harassment Complaint Procedure:

Sexual and impermissible harassment complaints should be reported immediately to an employee's supervisor. If it is inappropriate to notify the supervisor, contact the Executive Director/Assistant Director. Sexual harassment complaints will be investigated promptly and all information will be kept confidential. Investigation results require the Executive Director/Assistant Director's action and resolution.

### Sexual Harassment Complaint Action:

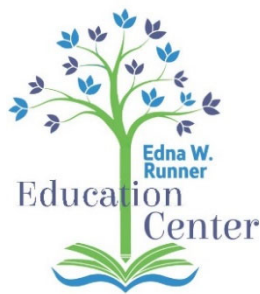
Sexual harassment investigations confirming allegations require swift and prompt corrective action and disciplinary action or possible termination against the offending party.

I have read and understand the policy described herein.

\_\_\_\_\_  
Signature (Staff/Volunteer)

\_\_\_\_\_  
Date





## VOLUNTEER CONFIDENTIALITY AGREEMENT

This Confidentiality Agreement is made between: \_\_\_\_\_ and West Jupiter Community Group, Inc DBA/ Edna W Runner Education Center on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

This Confidentiality Agreement has been drafted to insure confidentiality and protection of individual rights of privacy for children, families, employees, and volunteers of the West Jupiter Community Group, Inc. The individual dignity of children, families, employees, and volunteers shall be respected and protected at all times in accordance with all applicable laws, statutes, ordinances, and regulations.

Information about children, families, and/or employees must not be divulged to anyone other than persons who are authorized to receive such information. This policy extends to both internal and external disclosure of information.

**[VOLUNTEERS SHOULD INITIAL WHERE INDICATED BY ( \_\_ ) THROUGHOUT THE BODY OF THE DOCUMENT]**

\_\_\_\_\_ I understand that it is my responsibility to maintain confidentiality regarding information learned about children, their parents/guardians, families, members of the child's household and other employees and volunteers, and that this responsibility extends 24 hours per day, 7 days per week regardless of how or where the information was attained.

\_\_\_\_\_ I acknowledge that I must be diligent in my efforts to maintain confidentiality, and should be aware that should a circumstance occur, you may be asked to discontinue volunteering your services.

\_\_\_\_\_ I agree to adhere to the following procedures and policies regarding Confidentiality:

### **Confidentiality of Children's and Families' Information:**

- a. All children's records must be locked in a secure file with strictly limited access.
- b. Access to children's records is limited to employees with a "need to know".
- c. Children's records must not be removed from the center.
- d. Children's records must never be left out on desks, tables, etc. where other people may have access to them.
- e. Children's or families' private information must never be discussed among employees or volunteers except on the "need to know" basis. Employees and volunteers must be particularly aware of their surroundings when discussing this information. Special caution must be taken to be sure other children, families, employees or volunteers do not overhear information that is confidential.
- f. Discussion of children's or families' information with volunteers, other families, friends, or community members is prohibited.
- g. Information and documents considered confidential include, but are not limited to medical records, educational records, special needs records, family records, financial records, and any other private information about the children or their families.
- h. All requests for release of information shall be directed to Executive Director/Assistant Director.
- i. Information will only be released to persons outside of West Jupiter Community Group, Inc. with the express written consent of the child's parent or legal guardian.
- j. All information and documents which are considered to be confidential are covered by the privacy rights under HIPPA (Health Insurance Portability and Accountability Act of 1996)

**WEST JUPITER COMMUNITY GROUP, INC 7187 EDNA RUNNER WAY, JUPITER FL 33458**



### **Confidentiality Related to Proprietary Information**

West Jupiter Community Group, Inc. has developed unique techniques, curriculum, and tools for evaluation, which make our program more competitive in the industry and are not to be revealed to sources outside of the agency. Anything, which the agency designs, produces, implements, and markets is treated as PROPRIETARY INFORMATION, also called trade secrets. This includes, but shall not be limited to, the agency's client list, employee list, curriculum, philosophy, mission statement, personnel policies, and parent handbook.

\_\_\_\_\_ I understand that I may not discuss proprietary information with other employees/volunteers in any public place where it is possible they could be over heard.

\_\_\_\_\_ I understand that it is not only my duty to protect West Jupiter Community Group, Inc.'s proprietary information during my term of voluntary services, but the legal obligation continues even after separation from the agency.

### **Violation of Confidentiality Policy**

Any employee/volunteer who violates the Confidentiality Policy will be subject to disciplinary action including termination or discontinuation of services.

I affirm that I have been given time to read, review, consider, and ask questions about this Confidentiality Agreement. Further, I assert that I understand the limitations this agreement places on my actions now and into the future and agree to abide by this Confidentiality Agreement.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Volunteer's Printed Name

\_\_\_\_\_  
Date

**WEST JUPITER COMMUNITY GROUP, INC 7187 EDNA RUNNER WAY, JUPITER FL 33458**







## VOLUNTEER AFFIDAVIT

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

serve in the child care program known as Edna W Runner Education Center  
(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 foregoing, and the facts alleged are true and correct.

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

\_\_\_\_\_  
Date



## Conflict of Interest Policy

The purpose of the following policy and procedures is to prevent the personal interest of staff members, board members, and volunteers from interfering with the performance of their duties to West Jupiter Community Group, Inc. (WJCG), or result in personal financial, professional, or political gain on the part of such persons at the expense of WJCG or its Members, supporters, and other stakeholders.

**Definitions:** *Conflict of Interest* (also Conflict) means a conflict, or the appearance of a conflict, between the private interests and official responsibilities of a person in a position of trust. Persons in a position of trust include staff members, officers, and board members of WJCG. *Board* means the Board of Directors. *Officer* means an officer of the Board of Directors. *Volunteer* means a person -- other than a board member -- who does not receive compensation for services and expertise provided to WJCG and retains a significant independent decision-making authority to commit resources of the organization. *Staff Member* means a person who receives all or part of her/his income from the payroll of WJCG. *Member* means a Member of WJCG which shall be a state association of nonprofit organizations that represent a statewide and multi-sector or sub-sector 501(c)(3) constituency with a diverse range of corporate identities, or a regional association of nonprofit organizations that represent a specific region within a state or multi-state geographic area and a multi-sector or sub-sector constituency with a diverse range of corporate identities. *Supporter* means corporations, foundations, individuals, 501(c)(3) nonprofits, and other nonprofit organizations who contribute to WJCG.

## POLICY AND PRACTICES

1. Full disclosure, by notice in writing, shall be made by the interested parties to the full Board of Directors in all conflicts of interest, including but not limited to the following:
  - a. A board member is related to another board member or staff member by blood, marriage or domestic partnership.
  - b. A staff member in a supervisory capacity is related to another staff member whom she/he supervises.
  - c. A board member or their organization stands to benefit from an WJCG transaction or staff member of such organization receives payment from WJCG for any subcontract, goods, or services other than as part of her/his regular job responsibilities or as reimbursement for reasonable expenses incurred as provided in the bylaws and board policy.
  - d. A board member's organization receives grant funding from WJCG.
  - e. A board member or staff member is a member of the governing body of a contributor to WJCG.
  - f. A volunteer working on behalf of WJCG who meets any of the situations or criteria listed above.
2. Following full disclosure of a possible conflict of interest or any condition listed above, the Board of Directors shall determine whether a conflict of interest exists and, if so the Board shall vote to authorize or reject the transaction or take any other action deemed necessary to address the conflict and protect WJCG's best interests. Both votes shall be by a majority vote without counting the vote of any interested director, even if the disinterested directors are less than a quorum provided that at least one consenting director is disinterested.

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3. A Board member or Committee member who is formally considering employment with WJCG must take a temporary leave of absence until the position is filled. Such a leave will be taken within the Board member's elected term which will not be extended because of the leave. A Board member or Committee member who is formally considering employment with WJCG must submit a written request for a temporary leave of absence to the Secretary of the WJCG Board, c/o the WJCG's office, indicating the time period of the leave. The Secretary of WJCG will inform the Chair of the Board of such a request. The Chair will bring the request to the Board for action. The request and any action taken shall be reflected in the official minutes of the WJCG.
4. An interested Board member, officer, or staff member shall not participate in any discussion or debate of the Board of Directors, or of any committee or subcommittee thereof in which the subject of discussion is a contract, transaction, or situation in which there may be a perceived or actual conflict of interest. However, they may be present to provide clarifying information in such a discussion or debate unless objected to by any present board or committee member.
5. Anyone in a position to make decisions about spending WJCG's resources (i.e., transactions such as purchases contracts) – who also stands to benefit from that decision – has a duty to disclose that conflict as soon as it arises (or becomes apparent); s/he should not participate in any final decisions.
6. A copy of this policy shall be given to all Board members, staff members, volunteers or other key stakeholders upon commencement of such person's relationship with WJCG or at the official adoption of stated policy. Each board member, officer, staff member, and volunteer shall sign and date the policy at the beginning of her/his term of service or employment and each year thereafter. Failure to sign does not nullify the policy.
7. This policy and disclosure form must be filed annually by all specified parties.

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## Volunteer Orientation

**Welcome...we're so glad you're here.**

**What does the Center do?** We have a licensed capacity of 127 students, grades K-8, who live in the Jupiter area. We welcome students who might not otherwise have a safe and supportive place to go after school, or are struggling with academics. The Center is a Gold Seal Quality Care Accredited program and is licensed by the state of Florida.

### **Why should you volunteer?**

1. You have the potential to change a young person's life.
2. You are helping build a better community.
3. You have the opportunity to be a part of something bigger than you.
4. The life you are changing might just be your very own.

**When can I volunteer?** Volunteers are needed Monday – Thursday during the school year. Volunteers can commit to a regularly scheduled day or come for special events.

**Consistency:** The children look for their volunteer each week, therefore it is important that volunteers are consistent with the same day of the week, as much as possible. We understand that situations arise and ask that the center is informed if you will not be tutoring on your regular day. Building a relationship is important in the growth of the child.

**How does a typical tutoring session go?** Volunteers arrive by 2:15 when the children arrive by bus from neighboring schools. The children sit by grade level and enjoy a snack. Usually there's a short group activity around topics kids love – from celebrating Women's History Month to sharing Let's Talk question & answers. After the snack, the tutoring, usually in math and reading begins. The Edna W Runner Education Center welcomes you to visit, take a tour and meet our staff. If you are unsure we invite you to sit alongside and observe a volunteer as they interact with the children.

**Do I have to be an expert in all school subjects?** No. There are other volunteers and staff who can help or lend a second pair of eyes.

**Confidentiality and Respect:** A child's situation or concern should not be shared with others, but should be discussed with center leadership staff if there is a concern. Volunteers will not be left alone to work with a child and can always ask for help from a staff member. Contact the Executive Director if any problem occurs. It is best to work it out at the beginning rather than wait.



*"Volunteers don't get paid, not because they're worthless, but because they're priceless."*

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