



# VOLUNTEER ACKNOWLEDGMENT

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

serve in the school known as \_\_\_\_\_.  
(print name of school)

I serve as a (check below box):

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 402.305, Florida Statutes, and complete the state mandated training requirements.

I attest that I have read the foregoing.

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

\_\_\_\_\_  
Date

## To Be Completed by the Owner/Operator/Director

I attest my name is \_\_\_\_\_, and I am the  
owner/operator/director of the school identified above. The above individual serves, under the  
above definition, as a Volunteer in this school.

I attest that I have read the foregoing, and the facts alleged are true and correct.

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

\_\_\_\_\_  
Date

## Request for Local Law Enforcement Check

To: Seminole County Sheriff Department

Name of Local Law Enforcement Agency

100 Bush Blvd.

Sanford,

FL

32723

Street

City

State

Zip

Pursuant to 402.305 and 435.04 Florida Statutes, we request a local records check on the applicant listed below:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
First

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

\_\_\_\_\_  
Race

\_\_\_\_\_  
Sex

Please document the findings and return the information to:

Tuskawilla Montessori Academy

Name of Facility

1625 Montessori Point

Oviedo,

FL

32765

Street/P.O. Box

City

State

Zip

REQUESTED BY: \_\_\_\_\_

Name & Job Title

\_\_\_\_\_  
Date