



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

Fingerprint Information

1. Name: _____

2. Address: _____

3. Date of Birth: _____

4. Place of Birth: _____

5. Social Security Number: _____

6. Email: _____

7. Citizenship: _____

8. Sex: _____ Race: _____ Height: _____ Weight: _____

9. Eye Color: _____ Hair Color: _____

10. Days & Time Available for Prints:

11. Fingerprint Fee: \$65.00

For Office Use Only:

Date Paid: _____ Check Number: _____ Amount Paid: _____