

The vision of the Englewood Community Coalition is a Healthy, Safe and Drug Free Community.

Membership, events, and activities are open to all residents of our community, and entities who have a vested interest in our community, regardless of race, creed, national origin, or gender orientation.

Healthy, Safe, Drug Free

**ENGLEWOOD**  
COMMUNITY COALITION  
[www.ccenalewood.com](http://www.ccenalewood.com)



941-681-0091 551 Rotonda Blvd W, Rotonda FL 33947

**Volunteer Registration:** Please complete two pages and email to [office@ccenglewood.com](mailto:office@ccenglewood.com) or mail to the address above.

**Thank you for your interest in this community-wide effort.**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name, if any: \_\_\_\_\_ Previous Used Last Name, if any: \_\_\_\_\_

Birthdate: mm/dd/year: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

Line 2: \_\_\_\_\_

Line 3: \_\_\_\_\_

County: \_\_\_\_\_ How Long Have You Lived in This County? \_\_\_\_\_

If you have lived in this county less than five years, where did you live previously?

Address: \_\_\_\_\_

Line 2: \_\_\_\_\_

Line 3: \_\_\_\_\_

In what other states have you lived?: \_\_\_\_\_

Have you ever been arrested, or charged with, or pled no contest, or found guilty of a crime against a child? Yes

No

Have you ever been arrested, charged with, or pled no contest, or found guilty of lewd or lascivious behavior, or sexual assault? Yes  No

Have you ever been pled no contest, or found guilty of assault, theft, fraud, or possession of a controlled or illegal substance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Line 2 \_\_\_\_\_

In what capacity would you be willing to volunteer? \_\_\_\_\_

Would you like community service hours credit for school, civic or other reason? Yes  No

Do you agree to background check and drug testing? Yes \_\_\_\_\_ No \_\_\_\_\_

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

**General Guidelines**

Each volunteer or staff member must wear a clearly visible name tag when working with parents, youth, or volunteering in any public capacity.

The “Two Person Rule” is defined as having at least two adults, screened volunteers or paid staff, working with children and youth. Where the two adults are family members, it is preferable that a third person be present. It is not permissible for any adult to be alone with a child or youth.

Appropriate touch as a response to a youth’s need for comforting, encouragement, or affection should be limited to brief touch of the child’s hand, shoulder, or upper back. (i.e.hand shake, high five, pat on the back) . Anyone observing inappropriate touching or other questionable behavior by any individual toward a minor should immediately notify the staff member overseeing the event and/or the Florida Abuse Hotline.

**The 2017 Florida Statutes**

Title V  
JUDICIAL BRANCH

Chapter 39  
PROCEEDINGS RELATING TO CHILDREN

39.201 Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline.—

(1)(a) Any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child’s welfare, as defined in this chapter, or that a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care shall report such knowledge or suspicion to the department in the manner prescribed in subsection (2).

(b) Any person who knows, or who has reasonable cause to suspect, that a child is abused by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child’s welfare, as defined in this chapter, shall report such knowledge or suspicion to the department in the manner prescribed in subsection (2).

(c) Any person who knows, or has reasonable cause to suspect, that a child is the victim of childhood sexual abuse or the victim of a known or suspected juvenile sexual offender, as defined in this chapter, shall report such knowledge or suspicion to the department in the manner prescribed in subsection (2).

**(info from 2) To Report Abuse: Phone 800-96A-BUSE (22873) • TDD 800-453-5145**

**Fax 800-914-0004 URL <http://reportabuse.dcf.state.fl.us>**

**I have received a copy of this document, understand the guidelines, and agree to abide by them:**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Option 1. Click RED to  
SUBMIT HERE

Option 2. \_\_\_\_\_

Save & Email to:  
office@ccenglewood.com