

FAMILY CENTER ON DEAFNESS, INC.

12445 62nd Street N., #303, Largo, FL 33773

727-501-2323 (text only) info@fcdpinellas.org

www.fcdpinellas.org

Welcome Volunteers!

We are happy you are here to participate in the volunteer opportunities at Family Center on Deafness.

- **Returning volunteers do not have to fill out a new volunteer registration form. All you have to do is activate and update your information on the volunteer system**
- **New Volunteers:**
 - Complete the Volunteer Registration Packet
 - Complete the Affidavit of Good Moral Character
 - Sign the Permission to Photograph
 - Provide a clear copy of your Driver's License
 - Return all documents to Vanessa Barahona, FCD Volunteer Coordinator
 - Scan and email to vanessa@fcdpinellas.org
 - US mail to Vanessa Barahona; 12445 62nd St. N., #303, Largo, FL 33773
 - After clearance from PCSB background check, interns and persons volunteering more than 10 hours per month will need to have a Level 11 background check done.
- **Drivers: all drivers need to complete a new driver's form and present a copy of your insurance card.**

This year volunteers will need to log in their volunteer hours both in the sign-in FCD Volunteer log book and on line at <https://focus.pcsb.org/volunteer> . Please remember to include all volunteer hours - field trips, events, work at home, meetings, etc.

Logging onto the Pinellas County Schools Volunteer System

STEP 1: Log onto FIREFOX only

STEP 2: Type in this address <https://focus.pcsb.org/volunteer>

Going through the PCSB website and clicking FOCUS will not work successfully.

STEP 3: Sign in using your v.account (Volunteer System)

USERNAME: v.lastname fist initial (all lowercase)

PASSWORD: lastname 4 digit birth year (first letter capitalized)

Example:

Login: v.smitha

Password: Smith1985

To update/edit your account

CLICK: My Information

CLICK: My Profile

Categories: PERSONAL: contains your information/ you can edit

VOLUNTEER ACTIVITY: select your availability and school (always choose Cross Bayou Elementary)

VOLUNTEER HOURS: enter and track your hours

CLICK: HERE at the top of the page

There are two fields

MENTOR/TUTOR HOURS—never use this field

SUPPORT SERVICES—all of your hours will be considered support services

Enter: DATE, HOURS, DESCRIPTION, SCHOOL (is always Cross Bayou Elementary), COMMENTS and press SAVE

YOUR LOGGED VOLUNTEER HOURS are important to our JWB funding.

WE APPRECIATE ALL YOU DO!!

If you have questions or need assistance, please contact Vanessa Barahona at vanessa@fcdpinells.org or text during regular business hours at 727-501-2323.

Volunteer System in Focus

To “Add Hours”

- STEP 1** Login to Focus/SIS web address: <https://focus.pcsb.org>
- STEP 2** Sign on to FOCUS SIS using your v.account (v. last name first initial – all lowercase)
- Username Example: v.smithd _____
- Password Last Name (*first letter capitalized*) immediately followed by 4-digit birth year.
- Password Example Smith1975 _____
- STEP 3** Click on “Volunteer” (upper right hand button)
- STEP 4** Click “Add Hours” (will be in the drop box)
- Add Hours by clicking in the following categories.
- Volunteer Date
 - School (there will be a drop box if associated with multiple schools)
 - Volunteer Hours (drop box)
 - Volunteer Description (drop box)
 - Students (only for mentors and tutors if associated)
 - Location
 - Comments – Detail what you did and for who
- STEP 5** Click “Enter these Hours” under the “Location Tab”
- STEP 6** LOG OUT in bottom right hand corner

To Re-Activate your volunteer profile

- STEP 7** Follow Steps 1 through 4
- STEP 8** Answer the questions to activate for the new school year.

PCS Logo
Office of Strategic Partnerships, 301 Fourth Street, SW, Largo, Fl 33779
727-588-6405

**PINELLAS COUNTY SCHOOLS
VOLUNTEER REGISTRATION FORM**

Please **PRINT** legibly and complete the entire form, front and back.
Please **ATTACH A COPY OF YOUR LEGAL/GOVERNMENT ISSUED PHOTO ID** will be kept on file.

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------|--|--|--|-------------|--|--|--------------------------------------|-----------|--|--|-----------|--------------------|--|--|---------------------|--|--|--|---|--|--|--|
| LEGAL NAME as it appears on your photo ID | FIRST NAME | | | | MIDDLE NAME | | | | LAST NAME | | | | MAIDEN/OTHER NAMES | | | | | | | | | | |
| DATE OF BIRTH | | | | GENDER | | | | SOCIAL SECURITY NUMBER | | | | | | | | | | | | | | | |
| MONTH MONTH DAY DAY YEAR YEAR - - - - - | | | | ___ Male ___ Female | | | | - - - - - - - - - - | | | | | | | | | | | | | | | |
| RACE - CHECK ALL THAT APPLY | | | | | | | | | | | | | | | | | | | | | | | |
| ___ White | | | | ___ Black or African American | | | | ___ American Indian or Alaska Native | | | | ___ Asian | | | | ___ Hispanic/Latino | | | | ___ Native Hawaiian or Other Pacific Islander | | | |
| LEGAL PHOTO ID REQUIRED | | | | | | | | | | | | | | | | | | | | | | | |
| Driver's License (State) _____ | | | | | | | | DL/ID Number _____ | | | | | | | | | | | | | | | |
| Identification Card (State) _____ | | | | | | | | DL/ID Expiration _____ | | | | | | | | | | | | | | | |
| ___ Military ID | | | | ___ Passport (Do not print Military ID/Passport) | | | | ___ Foreign ID (Country) & # _____ | | | | | | | | | | | | | | | |

Home Address: _____
STREET APT# CITY STATE ZIP

Previous Address (if less than 5 years) _____
STREET APT# CITY STATE ZIP

Home phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____ parent account ID: _____

Employment or Organization represented: _____

Are you a current or former employee in Pinellas County Schools? ___ No ___ Yes Occupation: _____

School at which you want to volunteer: _____

Are you currently a student in a Pinellas County School? ___ No ___ Yes Where? _____

Emergency Contact: _____ Phone: _____

Days & Times Available to Volunteer: _____

Do you have a child/children attending this School? ___ No ___ Yes

| CHILD'S FULL NAME | TEACHER | GRADE | CHILD'S FULL NAME | TEACHER | GRADE |
|-------------------|---------|-------|-------------------|---------|-------|
| | | | | | |
| CHILD'S FULL NAME | TEACHER | GRADE | CHILD'S FULL NAME | TEACHER | GRADE |

Check which school level(s) and volunteer position(s) you're interested in:

- | | | |
|---|---|---|
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> Mentor | <input type="checkbox"/> Tutor What sub: _____ | <input type="checkbox"/> Coach/Assistant Coach What sport: _____ |
| <input type="checkbox"/> Lunch Pals | <input type="checkbox"/> Classroom | <input type="checkbox"/> Speaker |
| <input type="checkbox"/> Take Stock In Children | <input type="checkbox"/> Clerical/Office | <input type="checkbox"/> Media Center |
| <input type="checkbox"/> 5000 Role Models | <input type="checkbox"/> PTA/SAC | <input type="checkbox"/> Field Trip/Overnight Field Trip - ___ Driver ___ Chaperone |
| <input type="checkbox"/> Girlfriends | <input type="checkbox"/> Boosters List Club: _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Peer to Peer | | |

Complete Back of Form

Pursuant to School Board Policy 9180, volunteers who have unsupervised contact with students must be Level II screened.
 All non-school board employees who are scheduled to attend overnight fieldtrips as chaperones/drivers must be Level II screened.

YOU MUST COMPLETE AND SIGN THIS REGISTRATION FORM BEFORE WE CAN PROCESS IT.

Have you ever been charged, arrested or convicted of a felony or misdemeanor? This includes a criminal traffic citation such as a DUI, driving with a suspended license or reckless driving. Note that under School Board Policy, a "conviction" means a conviction by a jury or a court and includes a plea of nolo contendere, the imposition of a deferred or suspended sentence by the court, adjudication withheld, or entry into a pre-trial intervention, pre-trial diversion, or similar program. You must list these matters below no matter how long ago they occurred. Also, include any sealed or expunged convictions.

No Yes

If you check **NO**, and offenses appear on the criminal background screening, you will not be able to volunteer.

If you check **YES**, please list all offenses, the disposition (example: no information found, pled guilty, paid fine, plead no contest, PTI/PTD etc.), the date and location of the offense(s).

| List ALL Offenses | Disposition | Date of Offense(s) | Location (State & County) |
|-------------------|-------------|--------------------|---------------------------|
| | | | |
| | | | |
| | | | |

Pinellas County Schools reserves the right to refuse volunteer assignments to any individual whether or not he or she has been convicted of any offense. In completing this public document, please understand Pinellas County School's sincere concern for the safety of its students, staff and visitors.

By signing below, I agree to the rules and regulations of the volunteer program and that any product produced while a volunteer shall be the property of the School Board (a work for hire). I understand that all involvement with students shall be under staff supervision and is restricted to the school day, on the school grounds, or a school-sponsored activity. I also understand volunteers are not employees or personnel of the school board. My signature below certifies that I have reviewed the criminal offense statement and responded truthfully. **FALSIFICATION OR OMISSION OF THIS OFFICIAL PUBLIC DOCUMENT IS A CRIMINAL OFFENSE, CAN BE PROSECUTED, AND WILL CONSTITUTE GROUNDS FOR VOLUNTEER DISQUALIFICATION.**

I agree to maintain the **CONFIDENTIALITY** of student's information.

X

VOLUNTEER SIGNATURE

DATE

The Pinellas County School Board is a public agency and subject to the Florida Public Records Act. All records, with certain limited exceptions, are subject to public viewing.

VOLUNTEER ELIGIBILITY Policy

The District Office will review all offenses to determine the outcome of your volunteer status and reserve the right to determine your eligibility status.

- **MAY NOT VOLUNTEER IF CONVICTED OF** any felony sexual related crimes, (including lewd and lascivious crimes) and felony child abuse.
- **MAY NOT VOLUNTEER IF CONVICTION WAS WITHIN THE LAST TEN (10) YEARS** for other felony crimes and any misdemeanor crimes of a sexual nature, (including indecent exposure) and misdemeanor crimes related to children.
- **MAY NOT VOLUNTEER IF CONVICTION WAS WITHIN THE LAST FIVE (5) YEARS** for felony theft/economic crimes, misdemeanor crimes of violence (including violation of injunction of protection against domestic violence), misdemeanor drug crimes, and misdemeanor crimes involving weapons.
- **LIMITED VOLUNTEER:** May volunteer, but **MAY NOT HANDLE MONEY** if crimes involving worthless checks/petty/retail theft committed within the last five (5) years. May volunteer, but **MAY NOT DRIVE** students for DUI conviction within the past five (5) years. **MAY NOT DRIVE** students for two DUI convictions within the last ten (10) years. **MAY NEVER DRIVE** students if volunteer has three or more DUI convictions.
- **CASE BY CASE REVIEW:** Other misdemeanors – Multiple convictions – Pending charges – Other Restrictions

APPEAL PROCESS FOR INELIGIBLE VOLUNTEERS – POLICY 9180

Applicants appealing their ineligible status must provide an appeal letter that includes the circumstances surrounding any/or all criminal offense(s) for which the exemption is sought. The appeal letter and all supporting materials, e.g. police report, and letters of recommendations, are to be sent to the Office of Strategic Partnerships District Volunteer Coordinator. For all questions please call 727-588-5050.

NOTE OF THE COLLECTION AND USE OF SOCIAL SECURITY NUMBER PREPARED PURSUANT TO SECTION 118.07(1)(a), F.S. (2007)

Notice is hereby given that Pinellas County Schools collects social security numbers from individuals for the following purposes, which are either specifically, authorized by law or are imperative for the performance of the district's duties and responsibilities as prescribed by law: Employment eligibility, Criminal Background Screening, Certification/Contributions Tracking of students as required by State Board Rule, Tracking and reporting of Corporate Tax Credit Scholarship students as required by State Board rule, Student identification numbers State directory of new hires, Annual report of wages and individuals, Record of remuneration paid to employees and Unemployment benefits.

The School Board of Pinellas County, Florida, prohibits any and all forms of discrimination and harassment based on race, color, sex, religion, national origin, marital status, age, sexual orientation or disability in any of its programs, services or activities.



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 the Florida Statutes and rules, 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

CONTINUED ON NEXT PAGE

| | |
|-------------------|---|
| 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 |

THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR MENTAL HEALTH POSITIONS

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for "Mental Health Personnel" screened pursuant to section 394.4572, F.S., defined as program directors, professional clinicians, staff members, or volunteers working in a public or private mental health program or facility who have direct contact with individuals held for examination or admitted for mental health treatment. **The additional offenses apply only to "Mental Health Personnel" as determined pursuant to Section 408.809, F.S. as listed below:**

| | |
|---------------------|--|
| | <u>Relating to:</u> |
| Chapter 408 | felony offenses contained in Chapter 408 |
| Section 408.8065(3) | offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application |
| Section 409.920 | Medicaid provider fraud |
| Section 409.9201 | Medicaid fraud |
| Section 817.034 | fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems |
| Section 817.234 | false and fraudulent insurance claims |
| Section 817.505 | patient brokering |
| Section 817.568 | criminal use of personal identification information |
| Section 817.60 | obtaining a credit card through fraudulent means |
| Section 817.61 | fraudulent use of credit cards, if the offense was a felony |
| Section 831.01 | forgery |
| Section 831.02 | uttering forged instruments |
| Section 831.07 | forging bank bills, checks, drafts or promissory notes |
| Section 831.09 | uttering forged bank bills, checks, drafts, or promissory notes |
| Section 831.30 | fraud in obtaining medicinal drugs |
| Section 831.31 | the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony. |

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21; a career offender pursuant to s. 775.261; or a sexual offender pursuant to s. 943.0435, unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354.

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.

CONTINUED ON NEXT PAGE

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)

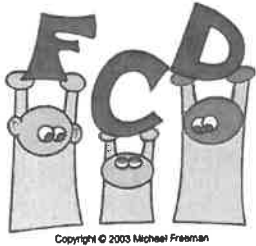
(Check one)

Affiant personally known to notary

OR

Affiant produced identification

Type of identification produced: _____



FAMILY CENTER ON DEAFNESS, INC.

A PROGRAM OF THE JAMES B. SANDERLIN FAMILY SERVICE CENTER

12445 62nd Street N., Largo, FL, 33773

727-549-6664 VOICE/TTY 727-235-6285 VIDEOPHONE

www.fcdpinellas.org

Permission to Use Photograph

I grant to Family Center on Deafness, its representatives and employees the right to take photographs of me and my property in connection with events that I participate in. I authorize Family Center on Deafness, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Family Center on Deafness may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Date _____

Signature, parent or guardian _____
(if under age 18)

