



# Volunteer Application

Thank you for your interest in UCP of Central Florida. All sections of this application must be completed for all volunteer opportunities. After completing the application, please return it to Chris Muszynski, Volunteer Manager, via e-mail, cmuszynski@ucpcf.org, or fax (407) 852-3301.

### PERSONAL INFORMATION

Full Legal Name: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_@\_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Grade Level:  High School \_\_\_\_\_  College \_\_\_\_\_

How did you hear about UCP of Central Florida?  Professor/Teacher  Family/Friend  Internet  Other: \_\_\_\_\_

### AVAILABILITY

I am available to start volunteering on the following date: \_\_\_\_\_ Number of hours per week \_\_\_\_\_

I would like to volunteer at the following campuses:

Downtown Orlando  East Orlando  Pine Hills  West Orange  Osceola  Seminole  Loch Haven Park

I am interested in being a:  Long term Volunteer (a year or more)  Short term Volunteer (less than one year) and/a  Special Event Volunteer

Please indicate the days of week and hours you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday

### VOLUNTEER OPPORTUNITIES – Please check each area in which you are interested in serving.

Assist in Classroom:  0-18 months  18-36 months  3-4 years  4-5 years  5-8 years

Administrative Support  Landscape  Neon Dance  Public Relations  Special Events  Fundraising  Other

Special Skills (second language, computer skills, child care) training or education and previous volunteer experiences:

### EMERGENCY CONTACT INFORMATION

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

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

City/State/Zip \_\_\_\_\_ Phone Number: \_\_\_\_\_

*I hereby allow UCP of Central Florida to perform a background check including education, background, criminal records, driving records, employment verification/volunteer history, personal references and other persons or sources as appropriate for volunteer jobs in which I have expressed interest. I understand that I do not have to agree to this background check, but refusal to do so may exclude me from consideration for some types of volunteer positions. I also understand that all such information collected during the check will be kept confidential. I hereby also extent my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer work and such other information as they deem appropriate.*

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**SECURITY INFORMATION**

The following information must be provided to meet State of Florida and Public School requirements.

Full Legal Name: \_\_\_\_\_

Other names you may have used including maiden name, other last names and nicknames: \_\_\_\_\_

Please list other Florida counties you have lived in: \_\_\_\_\_ and other states you have lived in: \_\_\_\_\_

To become a UCP of Central Florida volunteer, a background check will be conducted. A prior criminal record may not result in your disqualification, but a failure to disclose your record will disqualify you from serving as a volunteer. In Florida, the entire arrest record is revealed to school districts by the Florida Department of Law Enforcement and/or the FBI. This includes "sealed" or "expunged records," and military court proceedings.

Florida law requires that you must disclose this information even if you have been told differently by a lawyer, judge, or other third party or law enforcement individuals. You must list all convictions, including those in which adjudication was withheld and/or records were sealed or expunged. All convictions must be reported regardless of the number of years since the offense.

**If the answer is "yes" to any of the above safety questions, you must provide information by attaching a separate sheet to this application, along with court documents, police reports and a detailed letter of explanation. Also, please identify the safety question to which you are responding, the date, city, county, state, country, nature of the charge and disposition/outcome.**

- Have you ever as a juvenile or adult been convicted or found guilty of a felony offense? (DUI and DWI is a criminal offense and must be reported.)  Yes  No
- Have you ever as a juvenile or adult been convicted or found guilty of a misdemeanor? (DUI and DWI is a criminal offense and must be reported.)  Yes  No
- Have you ever as a juvenile or adult been convicted or found guilty of an offense, but you are not sure if the level is a misdemeanor or felony?  Yes  No
- Have you ever as a juvenile or adult been discharged from any employment, or expelled or removed from membership or association in any organization, or removed as a volunteer based on allegations or sexual abuse, child abuse, or other allegations involving the care of children?  Yes  No
- Have you ever been the subject of a court or administrative finding or proceeding involving abandonment of a child, or any other conduct that endangered a child's health or well being?  Yes  No
- Have you ever been denied a license to work in a day care, camp, or school, or had such a license revoked?  Yes  No
- Have you been arrested in the past year?  Yes  No
- Have you ever as a juvenile or an adult entered a no contest plea in a criminal proceeding?  Yes  No
- Have you ever as a juvenile or adult had a criminal record sealed or expunged?  Yes  No
- Have you ever as a juvenile or adult had adjudication withheld in a criminal felony offense?  Yes  No
- Have you ever as a juvenile or adult had adjudication withheld in a criminal misdemeanor offense?  Yes  No
- Are there any felony or misdemeanor charges currently pending against you other than a non-criminal traffic violation? (DUI and DWI is a criminal offense and must be reported.)  Yes  No
- Are you currently under investigation by any local, county, state, federal or international agency for any reason?  Yes  No
- Are you currently a fugitive from justice?  Yes  No
- Have you ever as a juvenile or adult been imprisoned or jailed in a criminal proceeding or pled guilty to a criminal act/charge?  Yes  No
- Have you ever as a juvenile or adult at any time failed to appear in court or forfeited bond in a criminal proceeding?  Yes  No
- Have you ever been convicted in a military court proceeding?  Yes  No
- Have you ever as a juvenile or adult at any time been enrolled in a pretrial diversion/pretrial intervention program, any court supervised program, teen or court drug program, or juvenile program? (Please be advised that your response to this question includes the requirement to list participation in any court ordered, approved or authorized program, or participation in any other alternative program for violation of any law, including but not limited to teen or drug court or juvenile program even if this participation and completion of the program resulted in a nolle prosequi or dismissal of the charge.)  Yes  No
- Do you currently have a court ordered injunction filed against you?  Yes  No
- Have you ever paid a fine, other than a non-criminal traffic ticket or library fine?  Yes  No
- Have you ever had a teaching certificate revoked, suspended or placed on probation?  Yes  No
- Have you ever been dismissed from a school district, or denied employment from a school district?  Yes  No
- Have you ever resigned in lieu of discipline or termination, been disciplined, the subject of an investigation, terminated or been non-reappointed based on inappropriate behavior from a prior employer, including the military?  Yes  No
- Have you ever as a juvenile or adult had a criminal offense occur outside the state of Florida?  Yes  No
- Have you ever as a juvenile or adult been arrested or charged for any criminal offense where the charges were withdrawn, dismissed, dropped or not prosecuted?  Yes  No
- Is your driver's license currently suspended or revoked?  Yes  No
- Have you ever as a juvenile or adult been convicted, charged or confirmed by any court or agency with any crime involving child abuse or the care of children?  Yes  No

I hereby affirm that my answers to the foregoing UCP of Central Florida Volunteer Application are true and correct as of the date set forth below and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false or incomplete information submitted in this application may result in my removal as a UCP of Central Florida volunteer. I understand that as an applicant with UCP of Central Florida, I will be subject to background checks, including a criminal history. I hereby give my permission for UCP of Central Florida to obtain information relating to my criminal history record. I understand that this information will be used to determine my eligibility for a volunteer position with this organization. However, completion of this process does not constitute an offer to serve as a volunteer/intern.

In the event I become a UCP volunteer/intern, I agree to abide by all rules, regulations and policies, either published or in effect by usage and all rules, regulations and laws of the State of Florida as may be required by Florida Statutes, Florida Board of Education and UCP.

My signature below certifies that I agree to the above provisions and have reviewed the criminal offense statement and have provided correct information.

\_\_\_\_\_  
Volunteer

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**RELEASE AND WAIVER OF LIABILITY**

The volunteer desires to work as a volunteer for UCP and engage in the activities related to being a volunteer. The volunteer understands that the activities may include working in the classroom, in a UCP therapy gym, in other areas of a UCP campus, at off-site locations and during special events and projects. While having access to campus, when students are present the student/volunteer must remain in a UCP employee's line of sight. The volunteer hereby freely, voluntarily and without duress executes this release under the terms below:

**Release and Waiver**

Volunteer does hereby release, forever discharge and hold harmless UCP, their directors, officers, employees and agents (collectively known as UCP of Central Florida) from any and all liability, claim, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from activities with UCP.

Volunteer understands that this release discharges UCP from any liability or claim that the volunteer may have against UCP with respect to any bodily injury, personal injury, illness, death or property loss and/or damage that may result from activities with UCP, whether caused by the negligence of UCP or its officers, directors, employers, or agents or otherwise.

Volunteer also understands that UCP does not assume any responsibility for or obligation to provide assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness.

**Medical Treatment**

Volunteer does hereby release and forever discharge UCP from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with his/her activities with UCP.

**Insurance**

The Volunteer understands that UCP does not carry or maintain health, medical or disability insurance coverage for any volunteer. Each volunteer is expected to obtain his or her own medical or health insurance coverage.

**Photographic Release**

Volunteer does hereby grant and convey unto UCP all right, title and interest in any and all photographic images a video or audio recording made by UCP during his/her activities with UCP, including, but not limited to any royalties, proceeds or other benefits derived from such photographs or recordings.

**Fitness Statement**

I am medically, physically and emotionally fit to perform all activities as part of the UCP volunteer program.

**Other**

Volunteer agrees that in the event that any clause or provision of this release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this release which shall continue to be enforceable.

By signing below, the volunteer has read, understood, and executed this release as of the date below.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**If the above named person is under the age 18, this waiver form must also be signed by a parent or legal guardian.**

I, \_\_\_\_\_ (print name), as the parent or legal guardian of the above named volunteer, authorize his/her participation in volunteer activities with UCP and agree to the terms stated above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**VOLUNTEER CODE OF CONDUCT**

As a UCP of Central Florida volunteer, I will:

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity and consideration regardless of race, religion, culture, gender or socio-economic status.
- Provide for the general welfare, health and safety of all UCP clients and volunteers.
- Be a positive role model for the organization by maintaining an attitude with respect, loyalty, patience, integrity, courtesy, tact and maturity.
- Maintain the confidentiality of all information gathered through my association with UCP of Central Florida.
- Follow the rules and guidelines established by UCP.
- Report any emergencies to the appropriate authority after first taking immediate action to ensure the health and safety of the clients.
- Abstain from the consumption ,or use, of alcohol, tobacco products and illegal substances while involved with any UCP event or activity. This includes not having possession of alcohol or any illegal substances while on UCP property or while participating in any UCP event.
- Not engage in any inappropriate contact or relationship with clients or families of UCP.
- Not solicit money or gifts in exchange for my volunteer efforts.
- Ensure that the children are not exposed to any health risks (i.e., no favors or contagious situations); this includes any psychological conditions that may adversely affect the children.
- Attend to my volunteer duties in a timely manner.
- Never be alone with the children.
- Use positive techniques of guidance, including positive reinforcement and encouragement rather than criticism, competition or comparison.
- Abstain from humiliating or frightening techniques.
- Never use profanity in the presence of the children or families.
- Not abuse children including but not limited to:
  - Physical Abuse: Strike, spank, shake or exposure.
  - Verbal Abuse: Yell at, degrade, participate in inappropriate conversation or vocabulary.
  - Sexual Abuse: Inappropriate touching or exposure.
  - Mental Abuse: Humiliate, degrade, frighten or threaten.
- Refrain from intimate displays of affection toward others in the presence of children, parents and staff.

I understand that any violation of this code, or other grounds, may result in my removal as a volunteer. I understand that I may be removed as a volunteer by the President/CEO, a Senior Manager, a Center Director or other designee.

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

\_\_\_\_\_  
**Date**

**CONFIDENTIALITY STATEMENT**

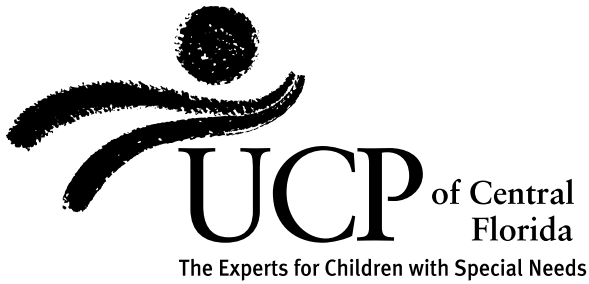
All volunteers have an obligation to adhere and maintain strict confidentiality and to safeguard information obtained in the course of this educational learning experience, including information obtained through the pursuit of research.

If there is a question as to what is considered confidential, it is appropriate to contact your on-site UCP of Central Florida supervisor.

I have read and agree to comply with UCP of Central Florida’s Confidentiality Policy. I understand that failure to do so may lead to termination of volunteer duties.

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

\_\_\_/\_\_\_/\_\_\_  
**Date**



# LAW ENFORCEMENT CRIMINAL BACKGROUND CHECK

**TO:** \_\_\_\_\_ County Sheriff's Department

**FROM:** UCP of Central Florida  
3305 S. Orange Ave.  
Orlando, FL 32806

**RE:** Local Law Enforcement Check for Personnel

Pursuant to Chapter 85-84, Laws of Florida, UCP of Central Florida, Inc., requests a local records check on the applicant listed below:

_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
_____	_____	_____
<i>Date of Birth</i>	<i>Race</i>	<i>Sex</i>

Please document the findings on this sheet and return to:

UCP of Central Florida  
3305 S. Orange Ave.  
Orlando, FL 32806  
**Attn: Volunteer Coordinator**

If you have questions about this request, or need additional information, contact Chris Muszynski, Volunteer Manager, at (407) 852-3369 or [cmuszynski@ucpcf.org](mailto:cmuszynski@ucpcf.org).

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I hereby authorize  Orange County  Seminole County  Osceola County  Other \_\_\_\_\_  
to check all records pertaining to criminal convictions, and for any law enforcement agencies to release to UCP  
of Central Florida information regarding convictions under Florida Statutes or statutes of other jurisdictions.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date