



*Better sports for kids....
Better kids for life.....*

Welcome!

The City of Sanford and the youth of the community would like to thank you for your interest in volunteering for the Parks and Recreation Department.

Please take a few moments to look over this packet and fill out the application in its entirety. Please make sure to list references and past coaching experience.

If you should have any questions regarding this process, please call 407.302.1021. Again, we thank you for your interest in serving the young people of Sanford.

Sincerely,

Sanford Parks and Recreation Department



Volunteer Application



Sanford Recreation Department
300 North Park Avenue • Sanford • FL • 32771
407.688.5120

Date of Application: _____

Name: _____ Date of Birth: _____

Other Names : (maiden, alias, etc.) _____ Sex: M ___ F ___

Social Security #: _____ Driver's License #: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone # : (____) _____ Cell Phone #: _____

Email Address: _____

(List all previous addresses for the last five years. Use another sheet if necessary.)

Previous Address: _____	Address	Street	City	State	Zip Code
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Previous Address: _____	Address	Street	City	State	Zip Code
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Present Employer

Name of Company Name of Supervisor

Address Street City State Zip Code

Telephone # : (____) _____ Date of Employment: _____

Past Employer

(List all jobs for the past ten years. Use additional sheet if necessary.)

Name of Company Name of Supervisor

Address Street City State Zip Code

Telephone # : (____) _____ Date of Employment: _____

Reason for leaving: _____

Past Employer

Name of Company Name of Supervisor

Address Street City State Zip Code

Telephone # : (____) _____ Date of Employment: _____

Reason for leaving: _____

Please answer the following questions.

Have you ever been arrested or charged with a misdemeanor or felony? _____

Have you ever been convicted of a misdemeanor or felony? _____

If yes, please explain details and *provide court documents with disposition papers*: _____

Reason for wanting to volunteer? _____

Position desired? _____

What interests you about this position? _____

What experience do you have working with children? _____

List the sports you have coached:

Type of sport	organization/league	number of seasons
_____	_____	_____

_____	_____	_____
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_____	_____	_____
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List any formal training you have received in first aid: _____

List any formal training you have received in teaching children or parenting: _____

Please make sure the application is filled out in its entirety. Failure to accurately answer questions may result in denial of application.

PRINT NAME

SIGNATURE

DATE

CONSENT/RELEASE FORM
(To investigate background information)

Name of Organization: City of Sanford Recreation Department
Address: P.O. Box 1788, Sanford, Fl 32772

Applicant's Name: _____
Applicant's Address: _____

I, _____, authorize and give consent for THE CITY OF SANFORD, to obtain information regarding myself. This includes, but is not limited to:

- Employment Records/Employer's References
- Criminal Background Records/Information
- Criminal Background Check/Fingerprint
- Driver's License Check
- Coaching Experience
- First-Aid Experience
- Personal References
- Addresses

I authorize this information to be obtained either in writing or via telephone in connection with my volunteer application.

Name (Printed): _____

Signature and Date: _____



Florida Department of Law Enforcement
Criminal Justice Information Services Division/User Services Bureau

VECHS WAIVER AGREEMENT AND STATEMENT

Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record
under the National Child Protection Act of 1993, as amended,
and Section 943.0542 Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (*enter Name of Qualified Entity*) _____ to submit a set of ray fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity) (Year of Request)

I ___ have **OR** ___ have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I ___do **OR** ___do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: _____

Address: _____

Telephone: _____ Fax: _____

FDLE Assigned Qualified Entity Number: V59020016

CITY OF SANFORD
SOCIAL SECURITY NUMBER COLLECTION POLICY STATEMENT

The City of Sanford recognizes that an individual's social security number is a unique form of identification that can be utilized to obtain sensitive information regarding that particular individual. However, the City of Sanford must collect social security numbers under certain circumstances in order for the City to be able to properly perform its duties and functions as a municipal corporation and in order to ensure that such duties and functions are performed accurately and efficiently. Due to the sensitive nature of an individual's social security number the City of Sanford provides the following statement regarding the City's collection of social security numbers:

THE CITY OF SANFORD COLLECTS YOUR SOCIAL SECURITY NUMBER ONLY FOR THE FOLLOWING PURPOSES:

- IDENTIFICATION AND VERIFICATION;
- CREDIT WORTHINESS;
- BILLING AND PAYMENTS;
- DATA COLLECTION, RECONCILIATION, AND TRACKING;
- BENEFIT PROCESSING;
- TAX REPORTING;
- NEW UTILITY ACCOUNT APPLICATIONS;
- BANK DRAFT AUTHORIZATIONS;
- VENDOR REGISTRATION APPLICATIONS;
- VOLUNTEER CONTRACTS FOR BACKGROUND CHECKS;
- EMERGENCY TRANSPORT FOR BILLING AND INSURANCE; AND
- POLICE STATEMENTS AND ARRESTS FOR VERIFICATION OF IDENTITY



CHILD CARE
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 Chapter 435 Florida
Statutes 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
exhibiting firearms or weapons within 1,000 feet of a school
Section 790.115(1) possessing an electric weapon or device, destructive device, or other weapon on school property
Section 790.115(2) (b) sexual battery
Section 794.011 prohibited acts of persons in familial or custodial authority
Former Section 794.041 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 827.63 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 Section negligent treatment of children
827.071 Section sexual performance by a child
843.01 Section resisting arrest with violence
843.025 Section depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
843.12 Section aiding in an escape
Chapter 847 aiding in the escape of juvenile inmates in correctional institution
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

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.

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 _____