

APPLYING TO VOLUNTEER AT DE LASALLE ACADEMY

Please accept our thanks for your willingness to volunteer. The gift of your time is greatly appreciated and we look forward to working together on behalf of the students at De LaSalle. Under Florida statutes, all volunteers must undergo a federal background check. Unfortunately, clearance from other entities, such as your place of employment or other agency, are not accepted by the State of Florida. We are sorry for any inconvenience this may cause and appreciate your understanding that we must operate within the statutes.

To apply to volunteer, you will need:

- A. Completed **Volunteer Application** (attached) – Submit completed form to the school office.
- B. Signed **Code of Conduct for Volunteers** (attached) – Submit signed form to the school office.
- C. Completed, clear **background check** (see below)

PROCESS FOR BACKGROUND CHECK

1. Get fingerprinted at any Lee County Sheriff Sub-Station. We recommend that you call in advance to check on fingerprinting availability/times. When you arrive, you will need to provide your driver's license and this number: **V36040090**. The fee for electronic fingerprinting is \$5.00. Be prepared to pay cash.
2. The Sheriff's office will immediately provide you with a copy of your fingerprints. You will find a Transaction Control Number in the upper left corner of the print out, below the word APPLICANT.
3. Once you have the Transaction Control Number, go to <https://caps.fdle.state.fl.us> to finish processing your background check. The fee for this process is \$28.75, paid on the website.
4. The office will notify you when you are cleared to volunteer.
5. If you have any questions, call Janet Laverty at 239-245-8212

**DE LASALLE ACADEMY
VOLUNTEER APPLICATION**

PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____

Hm Ph: _____ Work Ph: _____ Cell: _____

Email: _____

Name of Student at De LaSalle and Relationship: _____

Emergency contact while you are involved in a volunteer activity on or off campus:

Name: _____ Phone: _____

Employer: _____ Occupation: _____

Previous volunteer experiences with minors: _____

VOLUNTEER INTERESTS

- | | | | |
|---|-----------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Clerical work | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Music | <input type="checkbox"/> Home & School Assoc. | OTHER INTERESTS: |
| <input type="checkbox"/> Car Line (AM or PM?) | <input type="checkbox"/> Art | <input type="checkbox"/> Officer | _____ |
| <input type="checkbox"/> Field Trip Driver | <input type="checkbox"/> Drama | <input type="checkbox"/> Grounds/Gardening | _____ |
| <input type="checkbox"/> Field Trip Chaperone | <input type="checkbox"/> Sports | <input type="checkbox"/> Maintenance | _____ |

Please check all that apply:

- Can volunteer by working on tasks at home
- Can volunteer on campus during the school day
- Can volunteer at evening and weekend events
- Can drive or chaperone on school field trips

Please describe any special skills you possess that could be helpful to the school community:

BACKGROUND INFORMATION

As a condition of your potential service to the school, we will perform a background investigation. Inquiries into criminal backgrounds are necessary under state law and are used solely for the purpose of the protection of students. Your participation in this process is voluntary. However, if you choose not to complete any portion of the volunteer application or complete any steps in the process, you will not be permitted to volunteer with children.

Have you ever committed, been arrested for, entered a plea of guilty or nolo contendere, or been convicted of a crime?

Yes No

Have you ever been a defendant in a civil action for intentional tort:

Yes No

Have you ever been the subject of an investigation involving an allegation of sexual abuse?

Yes No

AUTHORIZATION AND RELEASE

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any volunteer position is conditioned on a satisfactory background check and signed Code of Conduct for Volunteers.

I release and discharge from liability De LaSalle Academy, its employees, officers and other persons from all liability arising from the investigation or disclosure of the requested background information, as well as those companies, officers, employees and other persons who provide this information to De LaSalle Academy.

Signature of Volunteer Applicant

Date

De LaSalle Academy
CODE OF CONDUCT FOR VOLUNTEERS WORKING WITH MINORS

Name of Volunteer: _____

As a volunteer, I promise to strictly follow the rules and guidelines in the Volunteer's Code of Conduct as a condition of providing services to children.

Volunteers shall:

- Treat everyone with respect, patience, integrity, dignity and consideration.
- Provide appropriate adult supervision of minors at all times.
- Try to avoid situations in which one is alone with a child during a school activity.
- Defer to school staff regarding any situation involving disciplinary action.
- Uphold the policies and provisions of the school's Parent/Student Handbook.
- Report any reasonable suspicion of abuse of a minor to the school administrator and the Department of Children and Families (800) 962-2873.
- Be familiar with the Standards of Ethical Conduct found at <http://delasallefm.org/ethicalconduct.htm>

Volunteers shall not:

- Smoke or use tobacco products in the presence of children.
- Use, possess, or be under the influence of illegal drugs at any time while volunteering.
- Use, possess, or be under the influence of alcohol at any time while volunteering.
- Pose any health risk to children.
- Physically touch a child to discipline the child.
- Engage in any physical activity that could be labeled as sexual, or otherwise inappropriate.
- Use profanity in the presence of children.
- Engage in inappropriate conversations with children.
- Wear immodest attire while volunteering with children.

I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer with children.

Volunteer's Signature

Date

Form A

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 Checks**

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*) De LaSalle Academy to submit a set of my 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: De LaSalle Academy

Address: 6401 Techster Blvd., Fort Myers

Telephone: 239-245-8212 Fax: 239-245-7951

FDLE Assigned Qualified Entity Number: V36040090-F

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY