



Please see the front office for your Screening ID prior to submitting this packet.

Thank You

Dear Prospective TCS Volunteer,

Thank you for your interest in becoming a Trinity Christian School volunteer for the school year! To further the security of our TCS students, the School Board has approved this volunteer packet, which adheres to the State Policy HB 7069 guidelines for volunteer background screening. You will be joining a growing group of parents and grandparents who function in valued positions. You are greatly appreciated!

The typical volunteer offers his/her services part or all of a day. The hours and days you volunteer will be agreed upon with the staff member with whom you are volunteering. Staff members are generally not able to accommodate volunteers who request to work in their child's classroom, since it is sometimes distracting for the child. It is required that volunteers sign in and out with the front desk and wear their volunteer badge at all times.

All required application forms must be filled out completely, returned to the Erbey Center front office, and processed *before* volunteering can begin. Submittal of the three forms, as well as the background screening process, may take up to two weeks from the date of submission, so please plan accordingly. We suggest you start the process as soon as possible. This process needs to be completed by each volunteer each school year. Feel free to make copies for spouses etc. Below is the process to follow. The forms mentioned are attached.

- Complete and sign Trinity Christian School's **Volunteer Application**. Include a copy of your current Florida Driver's License and automobile insurance card. Attached to this application are the **Volunteer Guidelines**. Please read them carefully.
- Complete and sign the **Volunteer Affidavit** and the **Child Care Attestation of Good Moral Character**.
- Complete the **LiveScan Background Screening Submission Form (every 5 years)**. TCS is only registered with Atlantic Personnel & Tenant Screening. You must make an appointment and visit their office.
- Complete the **Release of Information Form** (local background check, every subsequent year).

The TCS Administration will contact you when all of your paperwork has been approved. You may begin volunteering after notification. Thank you for your willingness to serve.



Purpose of the change in Volunteer Requirements

Beginning August 1, 2010, HB 7069 took effect and changed critical aspects of the current background screening process. The background screening process is required of applicants, current employees, and **volunteers**.

The most significant change to our providers is that employers will not be able to employ applicants for positions of special trust or responsibility until the applicants are cleared by a complete background screen to include a fingerprint-based search of criminal records in Florida and nationally.

- New 5 year rescreen requirement is a fingerprint screen (FBI/FDLE) instead of FDLE only
- *Each subsequent year, TCS will only require a local background screening*

In order to timely meet the needs of our partners, the Department is requesting that providers ask applicants to submit fingerprints using electronic LiveScan through private vendors. *TCS has chosen to work with Atlantic Personnel & Tenant screening because it is the closest LiveScan vendor to our facility.*

Livescan results can be received by the Department in as little as 24 to 48 hours. This is in contrast to hard copy fingerprint submission results being received and processed by the Department anywhere from 4 to 6 weeks. The process is as follows:

- Facility/Provider receives a determination from the DCF Background Screening Office for FBI and FDLE.
- The clearance is sent to the provider electronically via email.
- When LiveScan results are received with **no criminal history**, the clearance letter will be issued electronically within 5 days of LiveScan transmission prints to FDLE by the LiveScan vendor.

Once the LiveScan vendor transmits the prints to FDLE (which is usually within 24 hours of actually rolling the prints), FDLE takes 48 hours to get the results to DCF electronically. BGS will issue a clearance letter via email within 48 hours of receiving the results from FDLE.

Should a result contain potentially disqualifying criminal history or be returned as illegible, the determination process depends on the length of time taken by the applicant to provide BGS with the reprint or court certified/required information.

The presented information was gathered from the following website:
www.dcf.state.fl.us/admin/backgroundscreening/



VOLUNTEER GUIDELINES

In order to provide the best atmosphere for volunteers, TCS staff, and particularly students, the following guidelines have been established. TCS appreciates your attention to detail in these matters. Thank you for your service!

What is a TCS Volunteer?

A person having contact with TCS students who gives his/her time in any aspect of campus life is considered a volunteer. This includes, but is not limited to, event volunteers, sports volunteers, field trip chaperones, as well as office, library, lunch, and classroom helpers.

What paperwork must be completed?

All new as well as returning volunteers must complete volunteer applications/paperwork which must be processed yearly through the TCS front office before volunteering can begin. It is advisable to submit completed applications for processing as soon as possible to avoid delay, as it may take up to three full weeks to fully process paperwork. Trinity Christian School volunteers must complete the **Volunteer Application and Release of Information Form, as well as competing the fingerprinting and background check process through Statutory Fingerprinting.**

Volunteer badges and Signing In/Out (Security):

For the safety and security of the children, all volunteers must sign in and out with the front desk each time they visit campus. A volunteer badge will be issued to volunteers upon signing in and must be worn at all times. Please do not be offended if someone asks to see your volunteer badge. It is for the best interest of your children. These are to be returned to the receptionist at the front desk upon signing out.

Dress Code

Please dress to reflect a conservative image which contributes to an optimal learning environment.

Etiquette:

- **Cell Phones**

Please keep cell phones on vibrate/silent mode. If you must answer the phone, step outside to take the call, in order to not disrupt or disturb the students and classroom environment.

- **Classroom Communication**

Each staff member will discuss specific volunteer routines that are applicable to their area. This will help you to know what to do without having to disrupt the staff member from their primary task. Be willing to work outside the classroom if necessary due to space or schedule restraints.

Conferences with the teacher regarding your child's progress/behavior need to be scheduled at another time. Do not conference with the teacher about your student while volunteering on campus.

- **Volunteer Conduct**

As an example to our students, please be sure to conduct your conversations in a worthy manner. Ephesians 4:29 and 32 – “Do not let an unwholesome talk come out of your mouths, but only what is helpful for building others up according to their needs, that it may benefit those who listen... Be kind and compassionate to one another, forgiving each other, just as Christ God forgave you.”

Student Privacy:

Volunteers are not permitted to grade tests or put grades in physical or digital grade books. Sharing a student's performance and behavior with other parents and/or children is unacceptable.

Thank you for your cooperation. Please feel free to contact the front office with any questions or concerns at (561) 253-3950.

TRINITY CHRISTIAN SCHOOL OF PALM BEACH GARDENS

VOLUNTEER APPLICATION

Please provide the following information. **Each applicant must fill out an individual volunteer application and return it with a valid driver's license and a current insurance card.** Please return these to Trinity Christian School's front office. Incomplete applications cannot be processed.

Please Print

1. Name: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Email: _____

Names/Grades of children presently attending TCS:

Complete sections 2 and 3 if you will be transporting students.

2. Driver Information

Name on License: _____

Date of Birth: _____

Complete Address: (street address, city & zip)

Vehicle Information (used to carry students)

Name of Owner: _____

Owner Address: (street address, city & zip)

Year & Make: _____

Model: _____

If more than one vehicle may be used, please provide requested information for each vehicle.

3. Insurance Information

When using a privately owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company: _____

Policy Number: _____

Expiration Date: _____

Liability Limits of Policy: _____

Please note: the minimum acceptable limit for privately owned vehicles is \$100,000/\$300,000.

4. Have you ever been convicted and/or arrested for any criminal offense other than a minor traffic violation?

Yes _____ No _____ If yes, please explain _____

I have read the Volunteer Guidelines and agree to uphold our position on morals, dress, and Christian conduct. _____ Initials

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, hold a valid driver's license, and have the required insurance coverage in effect on any vehicle used to transport students.

Applicant's Signature: _____ Date: _____

**TRINITY CHRISTIAN SCHOOL OF PALM BEACH GARDENS
RELEASE OF INFORMATION**

I, _____ a volunteer applicant to Trinity Christian School of Palm Beach Gardens hereby give the Palm Beach County Sheriff's Office and any other law enforcement agency permission to search their files and release any arrest information found to:

Trinity Christian School of Palm Beach Gardens
9625 N. Military Trail
Palm Beach Gardens, FL 33410
(561) 253-3950
ORI# for Volunteers: V50040146Z / FL921831Z

Applicant's Signature

Date

Please print clearly.

Full Name: _____
First Middle (Maiden) Last

Social Security #

Race: _____ Gender: _____ Date of Birth: _____

Current Address: _____

Please return this completed form to Trinity Christian School's front office. Thank you again for your time and service.



VOLUNTEER ACKNOWLEDGMENT

I attest my name is _____ and
(print volunteer/foster grandparent name)

serve in the child care program known as _____
(print name of child care program)

I serve as a (check one)

- ☐ Volunteer – As a volunteer, I do not receive any form of payment or compensation such as money, free or reduced child care, or any other type of compensation for my time. I also understand that as a volunteer, I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. If I volunteer 10 hours or more per month, or receive some form of compensation, I understand that I must submit background screening information in accordance with section 402.302(3), Florida Statutes, and complete the state mandated training requirements.
- ☐ Foster Grandparent – As a foster grandparent, I adhere to all of the Foster Grandparent Program Guidelines pursuant to Title 45, Public Welfare, Code of Federal Regulations, section 2552.75. I also understand I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children and complete training as outlined in the rule 65C-22.003(1)(I), rule 65C-22.008(4), or rule 65C-20.009(1)(a) Florida Administrative Code.

I attest that I have read and that I understand the foregoing.

Volunteer/Foster Grandparent Signature

Date

To Be Completed by the Owner/Operator/Director

I attest my name is _____, and I
(print owner/operator/director name)

am the owner/operator/director of the child care program identified above. The above
(circle one)

individual serves, under the above definition, as a volunteer/foster grandparent in this child care program.

I attest that I have read and that I understand the foregoing.

Owner /Operator /Director Signature

Date



CHILD CARE ATTESTATION OF GOOD MORAL CHARACTER

State of Florida

County of _____

I, _____ who, 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 777.04 | attempts, solicitation, and conspiracy |
| 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 |
| 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 | 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 : _____ Date: _____

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: _____ Date: _____

In Witness Whereof, Employee has attested to Good Moral Character on this date _____.

SIGNATURE of Owner/Director: _____



Rules and Regulations Governing Child Care Facilities & Family Day Care Facilities in Palm Beach County, Florida,
Adopted Pursuant to Chapter 59-1698, Special Acts, Laws of Florida as Amended by Chapter 2010-249

RELEASE OF INFORMATION

I, _____ Child Care applicant, hereby give the Palm Beach County Sheriff's Office and any other law enforcement agency permission to search their files and release any information found to the Child Care Facility listed below. I realize this search is a routine matter for all applicants, pursuant to the Rules and Regulations Governing Child care in Palm Beach County, Chapter 435, F.S. and Chapter 402, F.S.

Full Name of Child Care Facility _____

Facility Address _____

Facility OCA # _____

Phone # _____

Signature of Applicant

Date

TYPE OR WRITE LEGIBLY BOTTOM SECTION OF THIS FORM

Full Name _____
First Middle (maiden) Last

Other names applicant has used (include maiden names and nicknames)

Race _____ Sex _____ Date of Birth _____

*Social Security No. _____ Date of Hire _____

Current Address _____

Please return this form to: _____ (facility name)

_____ (facility address)

*Chapter 435, F.S., requires background screening of owners, operators, and directors. Social security numbers are also used for identification purposes when performing background screening required by 402.305, F.S."

EHE-DC-005
Revised 2/2013
Obsoletes all previous versions

Dear Trinity Christian School Parent Volunteer,

To answer your anticipated questions:

1. We are located at the southwest corner of Military Trail and Northlake Boulevard in Palm Beach Gardens at 8895 N. Military Trail, Suite 301D. We've been doing background checks for 24 years and our **Livescan website page** can be found at www.atlanticprints.com.

2. The price is dependent upon the State of Florida's originating (regulating) agency and the agency's background check requirements for you and your organization. The current charge for preschool volunteers is **\$79.00**. For the elementary/middle school volunteers, the submission charge is **\$56.00**. **If you have children in both preschool and elementary/middle school, please select the preschool packet and that will cover everything.**

3. We accept one-time credit or debit card payments at the time of Livescan fingerprinting. You may pay by check if you prefer, but please note that we will hold the submission form until the payment transaction has been electronically approved or the check has cleared; which could delay the return of your results.

4. Please find attached our simple and easy-to-complete, one-page **applicant entries submission form**. If you have a magnetic "swipe stripe" on the back of your Florida Driver's License, you can skip filling in the middle section of the form.

When you come for your appointment, please bring:

- completed one-page applicant entries submission form**
- TWO forms of I.D. (one a government issued I.D. such as a driver's license, and another form of I.D. such as a credit card)**

5. To prepare for your best possible quality Livescan fingerprinting, please apply a **moisturizing hand lotion** to your fingertips a couple of times the day prior to and then once the morning of your appointment.

If you have further questions, please feel free to call or email.

Rosalia Ore
Livescan Coordinator
c/o Atlantic Personnel & Tenant Screening
8895 N. Military Trail, Suite 301D
Palm Beach Gardens, FL 33410
561-776-1804
rore@atlanticscreening.com
www.atlanticprints.com

Insert text here

Applicant Entries for Livescan Submission

Justification and Organization Information:

| | |
|---|--|
| Reason for the Level 2 "Livescan" Background Check: | |
| Type of Background Check: (Check the most correct box) | <input type="checkbox"/> State License <input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Other |
| Organization Name & City: (Not required for individual license) | Trinity Christian School of Palm Beach Gardens |
| Organization Contact Person: (Name, Phone #, and E-mail) | Minerva Hillberg, (561) 253-3950, mhillberg@tcspsbg.org |

Routing Information: (Must be verified by applicant or organization!)

| | | | |
|---|--|--|--|
| Agency (AHCA, DBPR, DCF, DOEA, DOH, HSMV, OFR, etc.) <div style="border: 1px solid black; padding: 2px; text-align: center;">DCF</div> | ORI or VECHS # (EDOH4600Z, FL920010Z, etc.) <div style="border: 1px solid black; padding: 2px; text-align: center;">EDCFCC40Z</div> | OCA # (DCF only) (0950xxxxZ, etc.) <div style="border: 1px solid black; padding: 2px; text-align: center;">09500202Z</div> | Screening I.D. # (Clearinghouse Submissions) <div style="border: 1px solid black; height: 20px;"></div> |
|---|--|--|--|

Names & Aliases / Contact Information:

| | |
|---|---------|
| Phone #: | E-Mail: |
| Name on D/L or Gov't Issued I.D.: | |
| Full Legal Name, if different: | |
| Maiden Name, if different: | |
| Other Aliases from Official Gov't Docs: (Birth certificate, passport, social security card, green card, driver's licenses, marriage licenses) | |

Demographics Information:

| | | |
|--|---|--|
| Date of Birth: (Month / Day / Year) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> | Gender: (Check 1 box) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown | Race / Ethnicity: (Check 1 box) <input type="checkbox"/> American Indian, Eskimo, or Alaskan native or person with U.S. origins or with tribal affiliation <input type="checkbox"/> Black, or a person having origins in any of the black racial groups of Africa <input type="checkbox"/> Caucasian, Mexican, Puerto Rican, Cuban, Central or S. America, or of Hispanic culture or origin <input type="checkbox"/> Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian, Samoan, or Pac. Islander <input type="checkbox"/> Unknown or of indeterminable race |
|--|---|--|

| | | | | | | |
|---|--|--|--|--|---|--|
| Height: (in Feet and Inches) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> | Weight: (in Pounds) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> | <table style="width: 100%;"> <tr> <td style="width: 50%;">Eye Color: (Circle 1 color only)</td> <td> Black Blue Brown Gray Green Hazel Maroon Multi-colored Pink Unknown </td> </tr> <tr> <td>Hair Color: (Circle 1 color only)</td> <td> Bald Black Blond or Strawberry Blue Brown Gray or Partly Gray Green Orange Pink Purple Red or Auburn Sandy Unknown White </td> </tr> </table> | Eye Color: (Circle 1 color only) | Black Blue Brown Gray Green Hazel Maroon Multi-colored Pink Unknown | Hair Color: (Circle 1 color only) | Bald Black Blond or Strawberry Blue Brown Gray or Partly Gray Green Orange Pink Purple Red or Auburn Sandy Unknown White |
| Eye Color: (Circle 1 color only) | Black Blue Brown Gray Green Hazel Maroon Multi-colored Pink Unknown | | | | | |
| Hair Color: (Circle 1 color only) | Bald Black Blond or Strawberry Blue Brown Gray or Partly Gray Green Orange Pink Purple Red or Auburn Sandy Unknown White | | | | | |

| | | | | |
|---|--|---|---|---|
| State of Birth: (for U.S.A., Canada, Mexico) State: _____ Country: _____ (for all other countries) | Citizenship: (Choose 1 / Write-in) <input type="checkbox"/> U.S.A. <input type="checkbox"/> Green Card or Visa** **Country: _____ | Current Address: (Where you live now) # and Street Apt # City, State, Zip Code | Social Security Number: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | TCR #: (if applicable, for FBI Rejections) <div style="border: 1px solid black; padding: 2px; text-align: center;">XXXXXXXXXXXXXXXXXXXXXX</div> |
|---|--|---|---|---|

*****IF THIS IS A REPRINT**, PLEASE BRING A COPY OF YOUR F.B.I. "FINGERPRINT REJECTION" LETTER.***
 PLEASE DON'T FORGET TO **BRING YOUR GOVERNMENT ISSUED PHOTO I.D. AND A DEBIT OR CREDIT CARD**