

Worker Packet

accessible online at
www.lakeaurora.org

Click on “Summer Camp” from home page

Then from the drop down menu at the top of the summer camp page...
Summer Workers - Volunteer Staff

Also being sent as a separate pdf known as “Worker Packet.pdf”

Please note which paperwork is needed on new recruits, returning recruits, and long term recruits after 3 years as listed on “Recruiting a Team”. (Starting 2014 every 5 years once fingerprint and continual training is maintained)

Core training for the Focus Series is **REQUIRED** of all workers. Make sure returning workers read over the information each year to refresh their memory. Especially in the areas of counseling, discipline and spiritual decisions.

Fingerprinting is **REQUIRED PRIOR** to being in contact with children. Even counselors 16-17 years old. Florida ID is required for fingerprint submission

Exception to fingerprinting-

- Public school teachers with a letter submitted to camp on official letter head that they are in good standing.
- Prior Fingerprint through DCF/AHCA - names submitted through clearinghouse to verify

Florida Department of Children and Families

All Fingerprints must be registered under corresponding ORI numbers

DCF Summer Camps - EDCFSC30Z
OCA Number 14530587Z

Lake Aurora has an account with FieldPrint Services...

FieldPrint Services for FingerPrint- (Available at a variety of UPS stores throughout Florida- Lake Aurora has an account through this service)

Fee: \$65.75 (\$12 fingerprint, \$7 photo, \$46.75 DCF fee)

The fee covers the electronic collection of one set of fingerprints and mandated photograph and transmission of those prints/photo for DCF Summer Camp applicants via the Florida Department of Law Enforcement.

Please note --- Two valid IDs are needed for Fingerprint processing.



Volunteer Worker Application Continued:

I understand that:

- a. In applying for a camp position, the information in which I have furnished on this form is subject to verification which includes a FDLE criminal history check and request from any Central Registry of abusers.
- b. After being selected to serve I will complete an "Affidavit of Good Moral Character" for my camp file prior to volunteering.
- c. Level 2 screening, as required by Florida Law, which includes fingerprinting must be completed prior to my service as volunteer using the Agency for Health Care Administration (AHCA) Clearinghouse. Public school teachers may submit a letter of clearance from their School Board HR department.
- d. The camp may terminate volunteer service of any person:
 - 1) Who is under investigation of complaints of abuse of a minor and/or
 - 2) That has been terminated or been asked to resign from a position whether paid or nonpaid, due to complaint(s) of sexual abuse of a minor.
- e. **As a condition of hiring** the camp reserves the right to collect the address of any social networking site you may have and review it for content. *Any content deemed inappropriate for working with children may result in termination of candidacy or employment.*
- f. I am responsible for knowing and understanding the information contained in the "Focus Series" before working with campers.

Signature: _____ Date: _____

Signature of Minor's Parent or Guardian _____ Date: _____

Qualifications of Volunteer Counselors in a Lake Aurora Summer Program:

- ❖ Properly screened as to suitability to work with children.
- ❖ Regularly attends and of good report within the owner/supporter network of churches.
- ❖ Mentally, emotionally, and spiritually stable.
- ❖ Minimum age of counselor for children's programs (1st-8th grade) is 16. To work with campers in grades 9 or older, counselor must be out of high school and at least 2 years older than the oldest camper.

Once I have been selected to work within a Lake Aurora Program, I commit to preparing myself by reading the "Focus Series #1-#7" (available online at www.lakeaurora.org), and attending training by the Program Director and/or camp. I recognize that I will be putting my personal pleasures aside, so that I can give my whole self to ministry. I accept the Statement of Faith and Lake Aurora's Statement of Practice.

Signed: _____

When submitting Application please include:

Name **2** References (Name, address, phone, email) Not immediate family members.

To be completed by the Program Director and/or Assitant:

Please verify Volunteer Worker Reference (If personally known, and have maintained contact, just initial)

1. Church:	
2. Status with employer:	
3. Ministerial Reference:	
4. Previous Volunteer Service:	Approved as a volunteer: Y or N Verified by: _____

Mission Statement:

Lake Aurora Christian Camp and Retreat Center is an extension of the Christian church dedicated to providing meaningful programs in a beautiful outdoor setting. It is a place where youth, adults, and families take time to enrich their personal relationship with Christ, fellowship with each other, and prepare for service while discovering God's will for their lives.

Summer Camp Purpose:

Making the camper aware that their whole life is lived before God and equipping them to live in harmony with the will of God by teaching them biblical principles and giving them opportunity to practice them. This is done through a variety of programs using elements of nature, role modeling, skill development, Bible study and worship, and social and recreational interaction.

Statement of Faith

All employees must sign Lake Aurora's Statement of Faith upon being hired, and again on an annual basis (in concert with the annual review process) to demonstrate their continued commitment to the religious purposes for which Lake Aurora exists.

1. I believe in one God—Father, Son, and Holy Spirit;
2. I believe in God the Father almighty, Creator of all things visible and invisible;
3. I believe in Jesus Christ, God's one and only Son, my one and only Savior;
 - a) Who was born Jesus of Nazareth, both fully human and fully divine, conceived of the Holy Spirit and of the virgin Mary.
 - b) Who suffered and was crucified under Pontius Pilate,
 - c) Who died and was buried, and Who rose again bodily from the dead on the third day,
 - d) Who ascended into heaven and now sits at the right hand of the Father, and
 - e) Who will return to earth to judge both the living and the dead.
4. I believe in the Holy Spirit, Who is the active and operative part of the triune God and Who indwells in every Christian;
5. I believe in the Bible—God's Holy Word, the scriptures. I believe God inspired the original writings of the Scripture and those documents were consequently without error;
6. I accept the Bible as the final authority for all matters of faith and practice;
7. I believe the Bible teaches that man, created by God, willfully sinned against God and is consequently lost and without hope apart from Jesus Christ;
8. I believe that the Bible teaches that one receives God's grace by putting faith in Christ, repenting of sin, confessing Christ as Savior and being immersed into Christ, but that none of these is sufficient in and of itself for the assurance of salvation;
9. I believe in the Church of Jesus Christ, founded on the day of Pentecost, and consisting of all Christians everywhere.

LACC holds to the truth that God sees a clear correlation between what we believe and how we behave. To put it more directly, our behavior must be an expression of our beliefs, both on-site and off. As a Christian Camp we take seriously the Christian Gospel and its implications for personal conduct. While there is no one model of Christian behavior LACC insists upon from its employees, directors and members, we do insist those associated with LACC affirm our Statement of Faith and Practice. Examples of specific areas of application would be, but not limited to: engagement in the life of a local church; respect for the historic position of LACC on sexual conduct and marriage; respect for issues like the use of alcohol, tobacco, and illegal drugs; respect for individuals; a personal commitment to spiritual growth; and a willingness to be positive representatives of LACC, both on-site and off-site.

LACC's Statement of Practice: Historic Understanding of Marriage & Sexual Conduct

LACC has historically viewed Scripture as the trustworthy Word of God, and as such, the primary resource to be consulted in making decisions about issues of morality and values. It is in that spirit that this statement about our understanding of marriage is being made.

Throughout the pages of the Old and New Testaments, marriage is described repeatedly as a relationship between a man and a woman. LACC recognizes that in the cultural context in which we have been called to serve God and bear witness to Him, there are multiple views of what marriage can be. We recognize that in some circles, including some that would describe themselves as Christian, same-sex relationships are recognized; we also recognize that in some states within the United States, same-sex marriages are recognized as legal. We recognize that in a free and democratic government, any person has the legal right to such relationships, but we insist that the historic, biblical position of LACC be recognized, respected and adhered to by all volunteers, employees, directors and members.

We live in a culture greatly confused about human sexuality. It would be difficult to list, describe, and reflect upon every sexual issue that has arisen in the world in which Christians strive to live "lives worthy of the calling with which you have been called" (Ephesians 4:1). In that spirit, LACC believes that it is important to describe what Scripture views as "sexual morality," without any attempt to list every possible "sexually immoral" activity conceivable. No biblical text does this better, at least in one place, than 1 Corinthians 7:1-7. What is abundantly clear in this text is that sexual purity, from the vantage point of the Christian gospel, is quite simply defined as [a] a healthy, fulfilling sexual relationship between a man and a woman married to one another and committed to that relationship; or [b] celibacy, that is, participating in no overt sexual activity. We believe that this very simple, yet plain statement accurately reflects appropriate sexual behavior for Christians who wish to make Jesus Lord of life.

Plainly put, if a believer is married, he or she should strive to be an appropriate sexual partner for his or her spouse. If a believer is not in a biblically sanctioned marriage relationship, he or she should be committed to living a celibate lifestyle until such time as he or she is married.



ANNUAL Worker Health Form

NAME _____ PHONE _____ SEX _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BIRTHDATE _____

CONTACT FOR EMERGENCIES _____

EMERGENCY PHONE NUMBERS (____) _____ WK(____) _____

YOUR PHYSICIAN _____ PHONE _____

Insurance Company: _____ Policy/Group # _____

CURRENTLY ON MEDICATION _____ YES _____ NO

TYPE _____ DOSAGE _____

TYPE _____ DOSAGE _____

LIST ALL MEDICATIONS BRINGING TO CAMP: (Please notify camp nurse of medications you will have in your possession at camp. Some items may need to be kept in Infirmary.)

ALLERGIC REACTIONS: BEE STING _____ PENICILLIN _____

OTHER _____

I HAVE THESE MAJOR HEALTH PROBLEMS:

HEART DISEASE _____ ASTHMA _____ DIABETES _____ OTHER _____

LIST ANY SPECIAL HANDICAPS:

PLEASE COMPLETE THE IMMUNIZATION RECORD BELOW **TO THE BEST OF YOUR KNOWLEDGE.**

VACCINES	Year of last Booster
Diphtheria Pertussis (Whooping Cough) DPT* Tetanus	
or	
Tetanus TD* Diphtheria	
or	
Tetanus	

"In the event of a medical emergency, I give my permission for a health care professional to do what is necessary for my health. I have reviewed this form and certify that all appropriate medical information is included and correct."

Date: _____

Signed: _____



18344 Oxnard St. Suite #101
Tarzana, CA 91356
Tel: 866-570-4949 | Fax: 866-570-5656
clientservices@wescreenusa.com

Disclosure And Authorization For Consumer Reports

Disclosure

In connection with my application for employment (including contract or volunteer services) or application for tenancy with Lake Aurora Christian Assembly, Inc., at 237 Golden Bough Road Lake Wales, FL 33898,

I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Background Screeners of America ("Agency"), 18344 Oxnard Street, Ste. 101, Tarzana, CA 91356, telephone number 866-570-4949, upon proper identification, to obtain copies of any report furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request. The request includes the sources of information and the Agency, on Company's behalf, to provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.wescreenusa.com

California, Minnesota and Oklahoma Residents:

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

I have read and I understand this page.



_____ Applicant Initials

California Applicants:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

New York Applicants:

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____(initial if this applies).

Washington Applicants:

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

Please complete all of the fields below:

I understand that I have rights under the Fair Credit Reporting Act and I acknowledge receipt of the Summary of Rights.

Last Name:	First:	Middle: Please check box if you do not have a middle name. <input type="checkbox"/>
Social Security #:		Date of Birth:
Email: (This is a required Field)		
Current Address:		Previous Address:
Street:		Street:
Apt or Unit #:		Apt or Unit #:
City:	State:	Zip:
City:	State:	Zip:
Drivers Lic. #:		State Issuing:
Former Name/Alias:		

X _____
Applicant Signature

Date: _____

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

Applicant Copy

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006 b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>

Applicant Copy

PERSONAL WORKER CONTRACT

I, _____, agree to serve Christ by helping in the Lake Aurora summer camp program on _____. I will prepare myself mentally, physically, and spiritually for this ministry opportunity.

While at camp I agree to love and guide any young person God places in my charge, regardless of his race; and to make a special effort to understand that camper who is difficult to love and accept.

I will cooperate with the camp's policies and will do everything in my power to live at peace with my fellow workers. I will support the Program Director and do all I can to be a team player.

I will pledge myself to be held accountable for my actions, will seek appropriate counsel in difficult situations, and will assist my fellow workers in glorifying Christ.

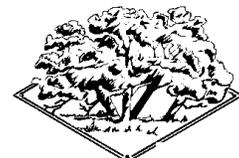
I recognize that I will be putting my personal pleasures aside, so that I can give my whole self to ministry.

I will thank God daily for the great privilege of serving Him by ministering to His children.

Signed _____

Printed Name: _____

Date: _____





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: _____



Care Provider Background Screening Clearinghouse Background Screening Request Form

You have applied for a position with a health care and/or service provider regulated by a specified agency in the Care Provider Background Screening Clearinghouse (Clearinghouse) that requires a fingerprint-based background check. As a health care and/or service provider regulated by a specified agency in the Clearinghouse we may conduct a search for an existing background screening result or submit a new background screening request through the Clearinghouse results website on your behalf.

In order to complete the search and/or background screening request we must collect the following information. This information is required by the Clearinghouse, the Florida Department of Law Enforcement, and the Federal Bureau of Investigation.

Please provide the following information:

Applicant Information

*First Name: _____
Middle Name: _____
*Last Name: _____
Aliases: _____
*SSN: _____
*Date of Birth: _____
*Place of Birth: _____

Demographics

*Sex: _____
*Race: _____
*Hair Color: _____
*Eye Color: _____
*Height: _____
*Weight: _____

Contact Information

*Address Line 1: _____
Address Line 2: _____
*City: _____
*State: _____
*Zip: _____
County _____
Prior States: _____
Email: _____
Phone: _____

*Denotes Required Fields



PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

Employee/Contractor Name (Printed)

Employee/Contractor Signature

Date