



Volunteer Application Packet

Thank you for taking the time to complete this packet.
Please know that your personal information will be kept confidential.

Prior to starting the application, please call Hannah's Home and schedule your Level II background screening. At this time, an appointment will be made for your digital fingerprinting at a local DCF approved facility. We accept cash, check or credit card for fees associated with this process.

If you have any questions, please don't hesitate to contact our Volunteer Coordinator at 561-277-9823.

General Information

Please Note: If offered employment/volunteer status, you will need a physical exam with a negative TB test, CPR/first aid Certification, and a Level II Background Clearance and Local Law Clearance Letter prior to working with children.

Date: _____

First Name: _____ Last Name: _____

Title: Dr. _____ Mr. _____ Mrs. _____ Ms. _____ Other: _____ Gender: M ___ F ___

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Preferred Contact: Phone ___ E-mail ___

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

In what areas are you interested in volunteering? Please check the appropriate box(es) below.

- | | |
|--|--|
| <input type="checkbox"/> Auto Maintenance | <input type="checkbox"/> Housekeeping/ Cleaning |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> IT Support |
| <input type="checkbox"/> Baby Caregiver | <input type="checkbox"/> Life Skills Classes |
| <input type="checkbox"/> Construction/Handyman | <input type="checkbox"/> Meals/Cooking/Nutrition |
| <input type="checkbox"/> Community Awareness | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Driver/Transportation | <input type="checkbox"/> One-on-One Discipleship |
| <input type="checkbox"/> Donation Pick-up | <input type="checkbox"/> Public Relations /Marketing |
| <input type="checkbox"/> Educational - Tutoring | <input type="checkbox"/> Prayer Partner |
| <input type="checkbox"/> Fundraising/Development | <input type="checkbox"/> Transition Planning Coach |
| <input type="checkbox"/> Gardening/Yard Work | |
| <input type="checkbox"/> Grant Support | Other: _____ |

Please give any additional details as to specific volunteer interests:

Please list any health or physical limitations we should be aware of:

Personal Information

At the end of the Application, included are 2 Employment and 2 Personal Character Reference Forms which need to be completed and returned separately to: **Hannah's Home of South FL, Inc., P.O. Box 4512, Tequesta, FL 33469**

Please list any training, education, licensing or certifications that could help you in volunteering with Hannah's Home. Please include First Aid/CPR, Lifeguard, CPI, etc. (this is not a prerequisite for volunteer approval):

Hobbies, special interests, or talents:

Why are you interested in volunteering at Hannah's Home?

Please share what part your faith plays in your life:

Are you attending church: Yes _____ No _____ If yes, please share where and how often: _____

Have you ever been charged or arrested for a crime excluding minor traffic violations?

_____ If yes, please explain:

Previous Volunteer Experience

Please tell us about your previous volunteer experiences:

Last Organization you volunteered for: _____

Description of your assignment: _____

Are you still there? (If no, please tell us why): _____

Previous Organization: _____

Description of your assignment: _____

Are you still there? (If no, please tell us why): _____

_____ As a volunteer for Hannah's Home of South Florida, Inc., I understand that I will not reveal any confidential information learned or obtained while fulfilling agreed functions. I also agree to represent Hannah's Home of South Florida, Inc., with the highest degree of integrity, professionalism, and honesty at all times.



PERSONAL CHARACTER REFERENCE FORM

Applicant's Name _____

Applicant's Address _____

As required by Chapter 85-54, Laws of Florida, reference checks must be completed for the above applicant to be employed as a caretaker of children at Hannah's Home of South Florida, Inc.

Your name has been given as a personal reference. Please answer the following questions, sign and date this form and return it to Hannah's Home. Thank you.

1. How long and in what capacity have you known the above applicant?

2. To your knowledge, has the applicant ever been convicted of a crime? If yes, explain.

3. Do you think this person is qualified to work in a facility/home or to care for children? Why or why not?

4. Would you consider placing the responsibilities of a child or relative of yours with the applicant?

5. Additional comments:

Signature: _____ Date: _____

Print Name _____

Address _____

Phone No. _____



PERSONAL CHARACTER REFERENCE FORM

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3. Do you think this person is qualified to work in a facility/home or to care for children? Why or why not?

4. Would you consider placing the responsibilities of a child or relative of yours with the applicant?

5. Additional comments:

Signature: _____ Date: _____

Print Name _____

Address _____

Phone No. _____

Confidentiality Statement

AFFIRMATION AND RELEASE

I, _____ hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize Hannah's Home to check my references. I understand that the information requested in this application will be used only for the purposes of determining suitability as a Hannah's Home of South Florida, Inc. Volunteer.

STATEMENT OF CONFIDENTIALITY

Employees/Volunteers of Hannah's Home of South Florida, Inc. are expected to conduct themselves in a moral, ethical, lawful, professional, responsible and safe manner. During your term of employment and/or service, you may have access to information identified by Hannah's Home as having a confidential, proprietary or secret nature. It is your duty to protect such information including, but not limited to, the following:

- The identity of residents at Hannah's Home
- Personal resident information learned through conferences, visits or other activity at the Home
- Any personal information shared by a resident with you
- Medical information involving employees or residents

You are not to divulge directly or indirectly any confidential information except as required in the course of Hannah's Home business and/or the sole interest of Hannah's Home, both during your term of employment and/or service and thereafter.

If Hannah's Home of South Florida, Inc. has any reason to believe that a current or former employee/volunteer has divulged any confidential information, has put some information to use not authorized by Hannah's Home, or has taken any other actions which have the potential for divulging such information and are thus detrimental to Hannah's Homes interests, Hannah's Home of South Florida, Inc. will take appropriate action. This may include disciplinary measures, up to and including discharge. In addition, Hannah's Home of South Florida, Inc. may take legal action to recover for any damages suffered by Hannah's Home of South Florida, Inc. as a result of any current or former employee's/volunteer's violation of this policy, which could result in the imposition of personal liability upon that person.

By your signature below, you indicate you have read this Confidentiality Agreement, and you understand and agree to abide by its terms in their entirety.

HANNAH'S HOME AGREEMENT

1. I have carefully read the Statement of Confidentiality and agree to follow the guidelines.
2. I understand that possible grounds for dismissal as a volunteer with Hannah's Home may include, but not limited to the following: failure to maintain confidentiality, gross misconduct or insubordination, being under the influence of alcohol or drugs, theft of property or misuse of agency equipment or materials, abuse or mistreatment of clients or co-workers, failure to abide by agency policies and procedures, failure to meet physical or mental standards of performance, and failure to satisfactorily perform assigned duties.

NAME OF VOLUNTEER (please print)

SIGNATURE OF VOLUNTEER

DATE _____



PO Box 4512
Tequesta, FL 33469
(561) 277-9823
www.hannahshomesf.org

PHYSICIAN'S MEDICAL STATEMENT

This statement confirms that _____ currently does not suffer from any communicable disease, specific illness or disability which would interfere with his/her ability to work with or care for children. This analysis is based on a examination not more than six (6) months ago.

Signature of Physician: _____ Date: _____

Print Name: _____



PO Box 4512

Tequesta, FL 33469

(561) 277-9823

www.hannahshomesf.org

Hannah's Home Childcare Philosophy

Hannah's Home of South Florida is a loving, nurturing and safe environment where we seek to educate and care for the whole child. Hannah's Home provides age appropriate experiences and care for children age newborn to 2. The social, emotional, cognitive, creative and physical selves are enhanced through hands-on experience in play. Even infants up to age 24 months are encouraged to explore the world around them through love, nature and hands on play.

The spiritual identity of the child is enhanced as the child is introduced to the loving goodness of God our Father, and the love of Jesus Christ through song, books, simple prayer and positive social interaction.

Caretakers, Staff, Residents and Guests, in their role for caring for the child, model and teach appropriate behavior. Children need to know what we expect from them before they follow directions. We, therefore, expect childcare providers to use constructive and preventive methods of discipline and to maintain an atmosphere of love, acceptance and order. This atmosphere is one in which children respect themselves, their peers, their teachers and OUR GOD.

Joanne Dively, MSW

Program Director

Childcare Provider



(This affidavit must be notarized prior to submission.)

AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida County of _____

Before me this day personally appeared _____ who,

(Applicant's/Employee's Name)

being duly sworn, deposes and says:

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
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, photo electronic, or photo optical 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.

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

Affiant personally known to notary **OR** Affiant produced identification
Type of identification produced: _____



DCF Live Scan Background Screening

Hannah's Home must comply with Florida's Department of Children and Families which requires a Level 2 background screening for all our employees and volunteers. When you have completed the Volunteer Application, please **call us to schedule an appointment with Joanne who will assist you with the online registration process.**

Fingerprinting: Digital fingerprinting will cost the volunteer \$68.50

When **WE** have completed your screening registration, you will be able to select the most convenient location and time to be fingerprinted.

Once your appointment is made, we will enter your payment information. Payment **MUST** be made online at the time of registering for your fingerprinting in order for your appointment to be completed as scheduled.

A Local Background Check:

You must go to the local police department where you reside and request a local criminal records search. A form is included in this application (see next page) which the police may, or may not, use. They often complete their own form, which is fine.

Be sure to take personal identification (Driver's License, State ID, etc.) to the police station.

CONSENT FOR BACKGROUND SCREENING

Ministry: **HANNAH'S HOME OF SOUTH FLORIDA, INC.**

I, _____,

Give my consent for a Level II Background screening and Local Law Enforcement Check.

Signature

Date



P.O. Box 4512
Tequesta, FL 33469

(561) 277-9823

(561) 277-9826 fax

www.hannahshomesf.org

[INSTRUCTIONS: Take this form to the local police station *in the city where you live*. They may either complete this document or provide one of their own. Return the completed form to Hannah's Home.]

LOCAL BACKGROUND CHECK FORM

Dear Law Enforcement Authority,

Pursuant to Chapter 435, F.S. - Hannah's Home of South Florida requests a local records check on the applicant listed below:

_____	_____	_____	
Last Name	First Name	Middle Name	
_____	_____	_____	_____
Date of Birth	Social Security Number	Race	Sex

Please document the findings on this check and return the information to the P.O. address at the top of this form.

Sincerely,

Eileen Keller
Executive Director

Hannah's Home of South Florida



CONSENT FOR DRUG/ALCOHOL SCREEN TESTING

I, _____ have been fully informed by Hannah's Home of South Florida, Inc. (HHSF) of the reasons for this urine test for drug and/or alcohol. I understand what I am being tested for, the procedure involved, and do hereby freely give my consent. In addition, I understand that the results of this test will be forwarded to HHSF and become part of my file.

If this test result is positive and for this reason I'm not hired, become a volunteer, or accepted as a resident of Hannah's Home, I understand that I will be given the opportunity to explain the results of this tests.

I hereby authorize these tests results to be released to:

Hannah's Home of South Florida, Inc.

4390 S. County Line Road

Tequesta, FL 33469

Signature _____ Date _____

Parent/Guardian (if under 18)

_____ Date _____

Witness _____ Date _____

VOLUNTEER OPPORTUNITIES FOR HANNAH'S HOME OF SOUTH FLORIDA

Thank you for your interest in volunteering at Hannah's Home of South Florida! We have a wide variety of volunteer opportunities at our facility. We pray that you will be able to bless us with your time as God leads you. We also pray that through your volunteer work at Hannah's Home, you will also be blessed to see how God uses you.

CHILDCARE

While the girls are in class, at their job or at a doctor appointment, our baby-care volunteers have a wonderful time taking care of the babies – rocking, changing diapers, holding and feeding them, and making sure that they are happy and comfortable. *Experienced* babysitters are mainly needed Monday – Friday, 9:00 a.m. – 5:00 p.m.; but occasionally evening and weekend helpers are also needed.

HANDYMAN

As we near the completion of our new day care center, additional resident rooms and houseparent suite, we need extra hands on deck to finish the interior jobs; and we truly need year-round, experienced “fix-it” men are willing to work on various projects around our facility. Work can be scheduled Monday – Saturday based upon volunteer's availability. This is a real need!

CLEANING SERVICE

Although the residents are assigned chores while living at Hannah's Home, they often cannot complete them because of a high-risk pregnancy or being on maternity leave. Additionally, it is wonderful when someone is able to give them a break from their chores; they work very hard as single mothers. We also need help keeping the front offices clean. Volunteers in this position help us by sweeping, moping, cleaning the kitchen or bathrooms, dusting, and various other activities. Cleaning can be done Monday – Saturday.

PUBLIC RELATIONS/DEVELOPMENT/MARKETING

Hannah's Home needs volunteers who have experience working in the public relations field. We need people who are skilled in social media networking and development, and those with experience in graphic design, to assist us with promotional materials and communication. “Ambassadors” for Hannah's Home.

LIFE SKILLS TEACHERS

We have several life skills curricula for classes that only need a facilitator to present the information! This includes Christ-centered character building classes, health and nutrition training, and finance and budget instruction. If you have expertise in any of these areas and would like to share with the girls at Hannah's Home, we would welcome the opportunity to talk with you about your ideas. Classes can be scheduled Monday – Friday, both daytime and evening.

IT SUPPORT

We have a number of office and residents' computers that need IT savvy people experienced with trouble shooting skills on PCs and lap tops. We also need someone who can monitor our computers for potential virus and spyware issues to ensure that we are fully protected.

DRIVERS

Drivers are needed to take the girls to doctor and various other appointments. We have a vehicle here that you can use or you are welcome to drive your own car. Drivers are needed Monday – Friday and times vary.

ADMINISTRATIVE

Hannah's Home needs people who are skilled in the administrative field – those who have computer skills, are willing to do filing and who are cheerful and efficient in answering the phones. We can use office assistance with specific projects. Office hours are Monday – Friday from 9:00 a.m. to 4:30 p.m.

TUTORS

There are residents at Hannah's Home that need some assistance with preparing to take the ACT or GED test in order to earn their high school diploma. They could use help studying for the different subjects – Language Arts, Science, History and Math. Tutoring can be scheduled Monday – Friday, both daytime and evening.

GARDENING/YARD WORK

If you love working outside, this will be a great job for you! We need help keeping up the exterior of the home. This would include planting flowers, pruning trees and bushes, pulling weeds and watering the plants. Yard work can be scheduled based upon the volunteer's availability. As you know, living in S. Florida, this is an unending task. It is encouraging to the mothers to enjoy a beautiful walk around the grounds here.

AUTO MAINTENANCE

We really need a few volunteers to keep up the maintenance on our two vehicles. This includes checking fluid levels, tire pressure, and washing and vacuuming regularly. Maintenance can be scheduled based upon the volunteer's availability.

SPECIAL EVENTS

There are special events throughout the year that need a team of volunteers in several interest areas to help us create the most effective experience for the participants. An early spring Golf Classic, our annual Fall Pumpkin Patch and other events are on the agenda. We need help with each event.

PRE AND POST-HURRICANE SUPPORT

In the event of an approaching hurricane, we need volunteers to assist us in preparing the Home (exterior and interior) for the storm, in transporting the mother(s) to St. Mary's Hospital or a local shelter, and/or in cleaning up around the property and inside the Home after the hurricane.

Please contact Hannah's Home if you are interested in any of these opportunities or if you have another idea of how you can help this ministry. We are grateful of your support of the mothers and babies of Hannah's Home! Address your email to "Volunteer Coordinator" in the Subject line