



**Apopka Christian Academy**  
**Volunteer/Chaperone Guidelines:**

- Must meet or exceed ACA Dress code standards.
- Must maintain confidentiality concerning information they see and hear concerning students and staff, including students' grades, records, and abilities.
- DO NOT discipline students. Please report discipline problems to the teacher.
- Must always be supervised when working with students. They may not supervise a classroom or give permission for a student to leave a classroom. These are the teachers' responsibilities.
- Agree to report Child Abuse or Suspected Abuse to site administrator and the Department of Children and Families 1.800.96ABUSE (1.800.962.2873).
- May not give any medications to students.
- Do not diagnose student weaknesses or strengths, prescribe activities for students, or evaluate student progress.
- Discussions with teachers should not interrupt class time.
- Are not to bring anyone unauthorized into the classroom during instruction time.
- Comments should not be written on student papers that are to be sent home.
- Should not laugh at or belittle student answers or efforts.
- Should contact ONLY school staff members with any questions or concerns regarding students.
- Are assigned only to staff members who request their services.
- Should set a good example for students by their manner, appearance, and behavior. And should be well-groomed, appropriately and modestly dressed.
- Comparing and criticizing teachers and students are not acceptable volunteer/chaperone behaviors.
- Should be in good physical and mental health.
- May not hold informal parent/teacher conferences or leisure conversations with staff members or other volunteer/chaperones during volunteer time.
- May not conduct personal business at school.
- Should never touch students in any way that is aggressive, disciplinary or sexual in nature.
- All volunteers/chaperones must sign in and out at a location designated by the administration before proceeding to their volunteer/chaperone site during and after school hours.

\_\_\_\_\_ **Yes I have read and agree to abide by all volunteer/chaperone guidelines.**

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**Name (print - first, last and middle names)**

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**Signature**

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**Date**



## **Apopka Christian Academy** **Volunteer/Chaperone Code of Ethics**

School volunteers/chaperones are to observe all rules that students are asked to obey. School volunteers/chaperones are expected to conduct themselves as professionals. Mutual respect for students and fellow workers shall be shown. In a professional environment certain phrases will not be tolerated (i.e., “shut up”).

6B-1.06 Principles of Professional Conduct of the Education Profession in Florida.

The following disciplinary rule shall constitute the Principles of Professional Conduct for the Education Profession in Florida. Violation of any of these principles shall subject the individual to revocation or suspension of the individual volunteering/chaperone status or the other penalties as provided as provided by the law.

1. Obligations to the student requires that the individual:
  - Shall make reasonable effort to protect the student from conditions harmful to learning and/or to the student’s mental and/or physical health and/or safety.
  - Shall not unreasonably restrain a student from independent action in pursuit of learning.
  - Shall not unreasonably deny a student access to diverse points of view.
  - Shall not intentionally suppress or distort subject matter relevant to a student’s academic program.
  - Shall not intentionally expose a student to unnecessary embarrassment or disparagement.
  - Shall not intentionally violate or deny a student’s legal rights.
  - Shall not harass or discriminate against any student on the basis of race, color, religion, sex, age, national or ethnic origin, political beliefs, marital status, handicapping condition, sexual orientation, or social and family background and shall make reasonable effort to ensure that each student is protected from harassment or discrimination.
  - Shall not exploit a professional relationship with a student for personal gain or advantage.
  - Shall keep in confidence personally identifiable information obtained in the course of professional service, unless disclosure serves professional purposes or is required by law.
  
2. Obligation to the public requires that the individual:
  - Shall take responsible precaution to distinguish between personal views and those of any educational institution or organization with which the individual is affiliated.
  - Shall not intentionally distort or misrepresent facts concerning an educational matter in direct or indirect public expression.
  - Shall not use institutional privileges for personal gain or advantage.
  - Shall accept no gratuity, gift, or favor that might influence professional judgment.
  - Shall offer no gratuity, gift, or favor to obtain special advantages.

3. Obligation to the profession of education requires that the volunteer:

- Shall maintain honesty in all professional dealings.
- Shall not on the basis of race, color, religion, sex, age, national or ethnic origin, political beliefs, marital status, handicapping condition if otherwise qualified, or social and family background deny to a colleague professional beliefs or advantages or participation in any professional organization.
- Shall not interfere with an individual's exercise of political or civil rights and responsibilities.
- Shall not engage in harassment or discriminatory conduct which unreasonably interferes with an individual's performance of professional or work responsibilities or with the orderly process of education or which creates a hostile, intimidating, abusive, offensive, or oppressive environment; and, further, shall make reasonable effort to assure that each individual is protected from such harassment or discrimination.
- Shall not make malicious or intentionally false statements about a student or teacher.
- Shall not use coercive means or promise special treatment to influence professional judgements of students or teachers.
- Shall not misrepresent one's own personal qualifications.
- Shall not submit fraudulent information on any document in connection with professional activities.

4. Self-report offenses:

- Volunteers are required to self-report within 48 hours to Apopka Christian Academy office any arrest/charges involving the abuse of a child or the sale and/or possession of a controlled substance. Such notice shall not be considered an admission of guilt nor shall such notice be admissible for any purpose in any proceeding, civil or criminal, administrative or judicial investigatory or adjudicatory. In addition, shall self-report any conviction finding guilt, withholding of adjudication, commitment to a pre-trial diversion program or entering of a plea of guilty or Nolo Contendere for any criminal offense other than a minor traffic violation within 48 hours after the final judgment. When handling sealed and expunged records disclosed under this rule, school districts shall comply with the confidentiality provisions of Sections 943.0585(4)(c) and 943.059(4)(c), Florida Statutes.

\_\_\_\_\_ Yes I have read and agree to abide by the Volunteer/Chaperone Code of Ethics.

Volunteer/Chaperone Name: \_\_\_\_\_  
First, Middle, Last Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Apopka Christian Academy Volunteer/Chaperone Application

### Personal Information:

Title: \_\_\_Dr \_\_\_Miss \_\_\_Ms \_\_\_Mrs \_\_\_Mr

Last, First, and Middle Name \_\_\_\_\_ Suffix: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Driver's License No: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Gender: \_\_\_Male \_\_\_Female

Health: (any physical limitations) \_\_\_yes \_\_\_no If yes, indicate: \_\_\_\_\_

Hobbies/Interests/Skills: \_\_\_\_\_

Languages Spoken Other than English: \_\_\_\_\_

Employer: \_\_\_\_\_

Students Name: \_\_\_\_\_

### Volunteer/Chaperone Information:

Preferred Grade: \_\_\_\_\_

Type of Work preferred: \_\_\_\_\_

Indicate Which Is Most Convenient For You:

Mon \_\_\_to\_\_\_ Tues \_\_\_to\_\_\_ Wed \_\_\_to\_\_\_ Thurs \_\_\_to\_\_\_ Fri \_\_\_to\_\_\_

How Often Are You Willing To Serve In The Volunteer Program?

\_\_\_Daily \_\_\_Weekly \_\_\_Monthly \_\_\_Other: \_\_\_\_\_



## 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: \_\_\_\_\_  
\*Driver License #: \_\_\_\_\_

\*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.

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Employee/Contractor Name (Printed)

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Employee/Contractor Signature

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Date

## FLORIDA DEPARTMENT OF LAW ENFORCEMENT

### NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

#### NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.

**US Department of Justice**  
Federal Bureau of Investigation  
*Criminal Justice Information Services Division*



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***PRIVACY STATEMENT***

**Authority:** The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

**Routine Uses:** The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

**Additional Information:** The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice



## Safety Information:

To become a volunteer or chaperone at Apopka Christian Academy, a criminal history check will be conducted. A prior criminal record may or may not result in your disqualification for volunteering, but a failure to disclose your record on your application WILL disqualify you from volunteering.

Factors such as age at the time of offense, type of offense, remoteness of the offense in time and rehabilitation will be considered when determining the suitability for volunteering.

Have you ever (as a juvenile and/or adult) been convicted or found guilty as a juvenile and/or adult of a felony offense? (DUI/DWI is a criminal offense that must be reported)	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever (as a juvenile and/or adult) been convicted or found guilty as a juvenile and/or adult of a misdemeanor?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever (as a juvenile and/or adult) been convicted or found guilty of an offense but you are not sure if the level is a misdemeanor or felony?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever (as a juvenile and/or adult) at any time been confirmed as a child abuser by an agency?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you been arrested in the past year?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are you currently on probation?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever (as a juvenile and/or adult) entered a nolo contendere or no contest plea in a criminal proceeding?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever (as a juvenile and/or adult) had a criminal record sealed or expunged?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever (as a juvenile and/or adult) had adjudication withheld in a criminal or felony offense?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever (as a juvenile and/or adult) had adjudication withheld in a criminal misdemeanor offense?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are there any felony or misdemeanor charges currently pending against you other than a non-criminal traffic violation? (DUI/DWI and reckless driving are criminal offenses that must be reported)	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever (as a juvenile and/or adult) been imprisoned or jailed in a criminal proceeding or pled guilty to a criminal act/charge?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever (as a juvenile and/or adult) at any time failed to appear in court or forfeited bond in a criminal proceeding?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever been convicted in a military court proceeding?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever (as a juvenile or an adult) at any time been enrolled in a pretrial diversion/pretrial intervention program, any court supervised program, teen or drug program, or juvenile program? (Please be advised that your response to this question includes the requirement to list participation in any court ordered, approved or authorized program, or participation in any other alternative program for violation of any law, including but not limited to teen or drug court or juvenile program even if this participation and completion of the program results in a nolle prosequi or dismissal of the charge.)	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you currently have a court ordered injunction filed against you?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever paid a fine? (Other than a non-criminal traffic ticket or library fine.)	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever had a teaching certificate revoked, been placed on probation or disciplined?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever resigned in lieu of discipline or termination, been disciplined, the subject of an investigation, terminated or been non-reappointed based on inappropriate behavior from a prior employer, including military?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever (as a juvenile and/or an adult) had a criminal offense occur outside the state of Florida	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever (as a juvenile and/or an adult) been arrested or charged for any criminal offense where charges were withdrawn, dismissed, dropped or not prosecuted?	<input type="checkbox"/> yes <input type="checkbox"/> no

If the answer is yes to any of the above safety questions, you must provide information on a separate piece of paper.

I understand that I am offering my services to Apopka Christian Academy without compensation. Once I become a volunteer/chaperone, I agree to abide by all school rules, regulations and policies, either published in effect by usage and all rules, regulations and laws of the State of Florida as may be required by Florida Statutes and Florida State Board of Education. It is the policy of Apopka Christian Academy to conduct criminal history background checks for individuals who participate in volunteer activities. My signature below certifies that I agree to the above provisions and have reviewed the criminal offense statement and have provided correct information. I also understand that clearance to volunteer for Apopka Christian Academy does not equate to clearance for employment.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**VECHS PRIVATE SCHOOL**  
**APPLICANT WAIVER**  
**AGREEMENT AND**  
**STATEMENT**

For Criminal History Record Checks

This form shall be completed and signed by every current or prospective employee and/or volunteer.

I hereby authorize (*enter Name of Qualified Entity*) \_\_\_\_\_ to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI). Pursuant to Title 28, Code of Federal Regulations (CFR), Sections 16.30-16.34 and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer.

I understand that, my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications and that upon request you may provide me a copy of the criminal history record report, and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in F.S. 943.056 and Title 28, CFR, Section 16.34. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee and/or volunteer.

**I understand that a copy of the criminal history record check report you receive on me will be released to the Department of Education (DOE), upon DOE's request.**

A national criminal history record check has previously been requested by:

\_\_\_\_\_  
(Name and Address of Previous Qualified Entity)

\_\_\_\_\_  
(Year of Request)

I  have OR  have not been convicted of a crime.

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

\_\_\_\_\_  
I  do OR  do not authorize you to release my criminal history records, if any, to other qualified entities.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

**ORIGINAL- MUST BE RETAINED BY QUALIFIED ENTITY**