



Summer Science Camp Volunteer Counselor 2020 Application CHECKLIST

Dear Summer Science Camp Volunteer Applicant,

Thank you for your interest in becoming a Summer Science Camp Volunteer Counselor! As a Camp Volunteer Counselor, you will help by assisting teachers with camps, helping children with activities, assisting with supervision during camp lunches, and much more. Your time spent with assisting our Summer Camp teachers will be both fun and educational.

Attached you will find the Summer Science Camp Volunteer Counselor Application documents. The following CHECKLIST is provided to ensure all required documents are completed prior to your scheduled orientation date.

- ☐ Application for 2020 Summer Science Camp Volunteer Counselor
- ☐ Medical Release and Emergency Authorization Form
- ☐ Affidavit of Good Moral Character **(This form must be notarized)**
- ☐ Background Screening Request Form **(Please Note: your social security number is required in order to complete the background screening process.)**
- ☐ Privacy Policy Acknowledgement Form
- ☐ \$100 Non- Refundable Application/ Registration Fee
(Used to cover background checks required by law)
 - Check or Money Order (Payable to MOSI) may be submitted along with/attached to Application documents, or paid via credit card in person at the MOSI Box Office.
 - Application/Registration fee must be paid **PRIOR** to your scheduled Orientation Session (May 23rd).

Once **ALL** Application documents are received and the Application/Registration Fee is processed, the Volunteer Department will contact you to schedule an appointment to complete your Background Screening and fingerprinting.

Thank you for choosing to dedicate your time to MOSI,

Kenyetta White- Johnson

Director of Administration





Summer Science Camp Volunteer Counselor

2020 Application

SUMMER CAMP VOLUNTEER APPLICATIONS WILL BE ACCEPTED THROUGH FRIDAY, June 1, 2020

CAMPS BEGIN ON June 1, 2020 AND END ON AUGUST 07, 2020

There is a one-time, non-refundable \$100 volunteer registration fee, due prior to the volunteer's scheduled orientation date.

This fee covers the cost of background screening as required by FL State Law, training, initial nametag, and other materials.
Registration fee may be paid by check or money order (payable to MOSI, or by credit card at the MOSI Box Office).

VOLUNTEER ORIENTATION:

Volunteers are required to attend a volunteer orientation before being scheduled/assigned to work in a camp.
Please indicate which Orientation you will be able to attend →

☐ Saturday, May 23
9:00am – 2:00pm

SUMMER CAMP VOLUNTEER COMMITMENT:

Minimum commitment of two full-time weeks*,
Monday through Friday 8:30AM to 5:00pm

Must have availability to work the full week. Partial weeks are not permitted.*

Please indicate which weeks you will be available using the adjacent chart →

☐ June 1- June 5
☐ June 8- June 12
☐ June 15 - June 19
☐ June 22 – June 26
☐ June 29- July 3

☐ July 6 - July 10
☐ July 13 – July 17
☐ July 20 – July 24
☐ July 27 - July 31
☐ August 3- August 7

Personal Information (PLEASE PRINT):

Have you volunteered for MOSI in the past? Yes ☐ No ☐

Last Name: _____ First Name: _____ MI: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Email: _____ (Preferred method of communication)

Date of Birth (Month/Day/Year): _____ Age _____ Male: ☐ Female: ☐

(Applicants must be 15 years of age or older)

If you are under 18, please complete the following:

School: _____ Grade: _____

Parent/Legal Guardian

Name: _____ Phone: _____ Email: _____

I understand that I am applying for a position as an unpaid volunteer at MOSI. As such, I agree to follow all guidelines and policies set forth, and will, to the best of my ability, uphold the mission of MOSI. I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application to become a volunteer as may be necessary in arriving at a decision. By signing this document I allow MOSI to perform a pre-volunteer background screen. The screening process may consist of criminal background checks and/or inquiries into State licensing authorities. I understand that misrepresentations, omissions of fact, false, incomplete or misleading information given in my application, resume or interview(s) may remove me from further consideration for volunteering.

PARENT/LEGAL GUARDIAN PORTION: I have read and understand this application and I give my child permission to be a volunteer at MOSI. I accept full responsibility for my child's participation in the program. Additionally, I give permission for MOSI to seek emergency medical attention in the event I am unable to give consent for my child.

Volunteer Signature _____

Parent/Guardian Signature (if under 18) _____

Volunteer Department Contact Information
Email: MOSIVAX@mosi.org Phone: (813) 987-6370 Fax: (813) 987-6310
4801 E. Fowler Avenue, Tampa, FL 33617 www.mosi.org

Office use only Orientation Date: _____
Background check/ID Copy ☐ Received PSS ☐
Entered in Database ☐ Placement: _____

MEDICAL RELEASE AND EMERGENCY AUTHORIZATION



VOLUNTEER NAME: _____

Phone: _____ **Email:** _____

In consideration of the privilege to participate in MOSI's volunteer Program, the UNDERSIGNED hereby assumes all responsibility for medical treatment and insurance to cover any injury or illness not covered by liability insurance provided by MOSI while volunteering for MOSI. In addition, I consent to allow MOSI to seek emergency medical attention in the event that I am unable to give consent.

The UNDERSIGNED understands that the VOLUNTEER is covered by MOSI for liability for on-the-job injuries, but not by health, accident, or life insurance, or Social Security through MOSI. The VOLUNTEER also understands that if a staff supervisor requests the VOLUNTEER to perform a task that exceeds the VOLUNTEER'S physical capabilities, the VOLUNTEER is responsible for declining the assignment.

Do you have any physical limitations (including allergies, medications you are currently taking, etc.) that would affect your ability to complete your volunteer assignment? (Circle one) Yes No

If yes, please Explain:

Emergency Contact:

NAME: _____

Relation to volunteer _____

Primary Phone: _____

Secondary Phone: _____

NAME: _____

Relation to volunteer _____

Primary Phone: _____

Secondary Phone: _____

MEDICAL INFORMATION:

Preferred Physician: _____ **Phone:** _____

Insurance Company: _____ **Policy Number:** _____

Volunteer Signature

Date

Parent/Guardian signature
(If volunteer if volunteer is less than 18 years of age)

Date



CHILD CARE 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 **MOSI Summer Science Camp**, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by Chapter 435 Florida Statutes in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

- Section 393.135 sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
- Section 394.4593 sexual misconduct with certain mental health patients and reporting of such sexual misconduct
- Section 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
- Section 741.28 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
- Section 777.04 attempts, solicitation, and conspiracy
- Section 782.04 murder
- Section 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
- Section 782.071 vehicular homicide
- Section 782.09 killing an unborn 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

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 **MOSI Summer Science Camp** 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

(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

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



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