VOLUNTEER AFFIDAVIT

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

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

I serve as a (check one)

☐ Volunteer – As a volunteer, I do not receive any form of payment or compensation such as money, free or reduced child care, or any other type of compensation for my time. I also understand that as a volunteer, I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. If I volunteer 10 hours or more per month, or receive some form of compensation, I understand that I must submit background screening information in accordance with section 402.3055, Florida Statutes, and complete the mandated training requirements.

☐ Foster Grandparent – As a foster grandparent, I adhere to all of the Foster Grandparent Program Guidelines pursuant to Title 45, Public Welfare, Code of Federal Regulations, section 2552.75. I also understand I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children and complete training as outlined in the rule 65C-22.003(1)(m) or rule 65C20.009(1)(a), Florida Administrative Code

I attest that I have read the foregoing, and the facts alleged are true and correct.

_____ _____
Volunteer/Foster Grandparent Signature Date

To Be Completed by the Owner/Operator/Director

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

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

The above individual serves, under the above definition, as a volunteer/foster grandparent in this child care program. I attest that I have read the foregoing, and the facts alleged are true and correct.

_____ _____
Owner /Operator /Director Signature Date