



**EASTER SEALS FLORIDA, INC.
PARTICIPANT'S
HOLD HARMLESS
AGREEMENT**

It is the responsibility of each group member or individual to read and understand this Hold Harmless Agreement.

In consideration for the right to participate in activities and use the facilities at Easter Seals Florida, Inc., I hereby release, hold harmless and completely discharge Easter Seals Florida, Inc., its officers and directors, employees, volunteers, consultants and contractors, and any persons in privity with any of them (together "Easter Seals"), from any and all liability, legal responsibility, claims, damages, or causes of action arising from any and all damage or injury to my person or property, including death, that may occur while on Easter Seals property or while being provided services by employees, volunteers or contractors of Easter Seals, and hereby waive all such claims or causes of action, regardless of their cause.

GROUP NAME (optional): _____

PARTICIPANT'S NAME: _____

I HAVE READ AND ACKNOWLEDGE THE FOREGOING:

SIGNATURE OF PARTICIPANT

SIGNATURE OF PARENT OR GUARDIAN FOR PARTICIPANTS
UNDER THE AGE OF 18

DATE: _____



VOLUNTEER PROCEDURES

VOLUNTEER SIGN IN

All volunteers must sign in and out at the reception desk. This is very important. Documentation of volunteer hours affects many things, including funding sources and agreements with local schools and universities. In order to receive verification of your hours volunteering for Easterseals, you must record your "time in and time out" every time you come to volunteer.

ABSENCE

Volunteers are encouraged to call the office if unable to meet their obligations of reporting to their volunteer position. When circumstances allow, we would appreciate notice as soon as possible so we can find a substitute for the day.

ACCIDENT OR INJURY

Should you have an accident, or become injured while working on a volunteer assignment, notify a staff member immediately. That individual will assist you in filling out the necessary accident/injury report. We will also have your emergency contacts on file through the volunteer application if anything should happen.

QUESTIONS OR GRIEVANCES

Any questions or grievances a volunteer may have may be addressed to your supervisor or the Director of Development, Tiffany Hsieh, at 407-629-7881 or thsieh@fl.easterseals.com. Please feel free to ask them anything.

SMOKE-FREE DRUG-FREE FACILITY

Easter Seals is a smoke-free, alcohol-free and drug-free facility.

OFFICE SUPPLIES

All office supplies and equipment are the property of Easterseals and are not to be removed from the building for personal reasons or misused in any way.

TRAINING

If any training is required for a particular volunteer position, Easterseals will provide it.

PHOTO OPPORTUNITIES

If, while performing your volunteer work you are asked to be photographed, Easterseals may require you to sign a release form for your appearance in any publication.

DISMISSAL

Volunteers who do not adhere to the rules and procedures of Easterseals or who fail to satisfactorily perform their volunteer assignments may be subject to dismissal. A volunteer will always have an opportunity to meet and discuss with their supervisor the reasons for such a dismissal prior to any action being taken. Reasons for dismissal may include the following:

- Misconduct or insubordination
- Failure to abide by policies and procedures
- Failure to meet the requirements of volunteer task and to perform assigned duties
- Being under the influence of alcohol or drugs

Volunteer Signature

Date



VOLUNTEER CONFIDENTIALITY AGREEMENT

As a volunteer with Easter Seals Florida, Inc. you may have access to information of a highly sensitive and confidential nature. This information may be contained in conversation, company records, correspondence and other similar documents. As a volunteer of Easter Seals Florida, you are in a position of trust and you have an obligation to this organization, our clients, and our contributors, to see that the confidentiality of this information is strictly maintained and protected. Unauthorized use or disclosure, even if inadvertent, compromises both you and Easter Seals and seriously erodes confidence.

Information regarding Easter Seals, our clients, or contributors is considered confidential and proprietary. Unless you have received written approval from the President of Easter Seals Florida, you may not disclose, duplicate or use this information except as required in the performance of your volunteer duties with Easter Seals Florida.

I acknowledge that I have read the information above regarding confidentiality and understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of confidentiality. I further understand that any breach of confidentiality could be grounds for immediate dismissal.

Signature of Volunteer

Date

Signature of Staff Witness

Date



Corporate Compliance Code of Conduct

Below you will find a copy of Easter Seals Florida, Inc. Corporate Compliance Code of Conduct. Each volunteer is required to read and sign the Code of Conduct Agreement, which certifies that you understand and agree to adhere to the outlined standards of conduct.

Easter Seals Florida, Inc. CORPORATE COMPLIANCE CODE OF CONDUCT AGREEMENT

The Corporate Compliance Program defines the standards of conduct expected of Easter Seals Florida, Inc. employees and volunteers. It provides guidance on how to resolve questions regarding legal and ethical issues, and establishes a reporting mechanism for possible violations. This standard is hereby known as the Code of Conduct (CODE). The CODE imposes requirements that are often more exacting than those mandated by law, reflecting the organization's goal of conducting oneself with the highest level of integrity. The willingness of each employee and volunteer to raise ethical and legal concerns is essential. Ultimately, the responsibility for ethical behavior rests with each person's exercise of independent judgment.

I do hereby attest that I am in receipt of, and have read and understand our Corporate Compliance Code of Conduct. Further, I understand my duties and responsibilities related to the CODE and agree to comply.

Signature

Date

Printed Name



Easterseals Volunteer Dress Code Policy

The designed uniform for all volunteers is outlined below:

SHIRTS

Volunteers may choose to purchase Easterseals t-shirts, but it is not required.

Shirts must be clean and free of wrinkles. Shirts can be tucked in or out. If shirts are not tucked in, they can fit comfortable and loosely but must not be largely oversized and hang to knee level. No Tank-Tops, Spaghetti Straps, Halter Tops, Midriff Showing, etc.

PANTS

Jeans, slacks, long skirts and shorts are all acceptable forms of dress.

Pants, jeans, slacks, cannot be torn, dirty or dragging the ground or have frayed edges. No low waist pants or skirts.

Skirts have to be past the knee and should preferably be at mid-calf or ankle length.

Shorts must be fingertip length (no exceptions).

FOOTWEAR

The most accepted form is sneakers or tennis shoes. According to Health Dept. regulations volunteers are not to wear open toe or open heel shoes. This is for the safety of the volunteer.

OVERALL APPEARANCE

Volunteers must arrive clean and free of body odor. Heavy perfumes are not allowed due to sensitivity of the member's allergies and asthma. Hair may be done based on personal style as long as it looks professional and appears to be neat and combed, no hats.

Nail length should not impede job performance, and should be length appropriate for the safety of our members.

Large or dangling jewelry should not be worn.

No visible tattoos and/or piercings.

I agree to follow the above outlined dress code policies, and understand that if I do not comply with the above requirements, I will be subject to early dismissal.

Volunteer Signature

Date



ADULT MEDIA RELEASE

I hereby consent that any narratives, depictions, pictures, film, photographs, audio-visual or sound recordings or testimonials of me made by Easter Seals Florida or its respective employees and agents may be used by Easter Seals Florida, and those acting with its permission, for the purpose of illustration, broadcast, or testimonial in connection with any work of Easter Seals Florida and that these materials may be released to the general public. I assign to Easter Seals Florida all of my rights to these materials.

I understand that these materials made by Easter Seals Florida, its employees and agents are owned by Easter Seals Florida and that they may copyright them. I will allow Easter Seals Florida, their respective employees and agents, and those acting with Easter Seals Florida's permission, to use my protected health information, as defined under 45 C.F.R. 164.501, for the purpose of illustration, broadcast, or testimonial in connection with the work of Easter Seals Florida and to release this information to the general public.

I understand that these materials may be published on Easter Seals Florida's network of Web sites and this may disclose my personal and protected health information online.

Easter Seals Florida does not need to submit these materials to me for further approval. I understand that these materials may be modified and that Easter Seals Florida may decide not to use them.

I acknowledge that the rights described above are granted to Easter Seals Florida on an unlimited basis without any compensation or payment being made for any current or future use. I understand that this authorization is voluntary and that Easter Seals Florida will not condition any treatment or funding to me on the completion of this authorization. I also understand that I may revoke my consent to allow Easter Seals Florida to release my protected health information if the information has not already been disclosed. To revoke my consent, I must notify Easter Seals Florida in writing by sending my revocation to 2010 Mizell Ave. Winter Park, FL 32792. I understand and agree that once Easter Seals Florida, its respective employees and agents, and those acting with its permission, disclose my protected health information as contemplated by this release, this information is subject to re-disclosure and may no longer be protected by the Health Insurance Portability and Accountability Act of 1996. This release and authorization expires three years from the date of my signature below.

I certify that I am over the age of 18 years old.

I have read this release and authorization before signing below, and I fully understand its contents.

Signature of Adult or Parent/Guardian

Witness for Easter Seals Florida

Printed Name of Adult or Parent/Guardian

Date

Date

Address

City, State, Zip Code



**EASTER SEALS FLORIDA, INC.
A 501(C)3 ORGANIZATION
REQUEST FOR LOCAL LAW ENFORCEMENT CHECK
FOR VOLUNTEERS**

This form is to be filled out ONLY if the individual volunteering exceeds 10 hours per month.

TO: _____ **County Sheriff's Department**

ADDRESS: _____

Pursuant to Chapter 435, F.S., we request a local records check on the applicant listed below:

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

Please document the findings on this employee and return the information to:

Name of Facility: Easter Seals Florida Inc. Please Fax results to: 407-629-4754
Address: 2010 Mizell Ave
Winter Park, FL 32792

REQUESTED BY:

Name and Title: _____ **Date** _____



EASTER SEALS FLORIDA, INC.
LIVE SCAN INFORMATION FORM

This form is to be completed ONLY if the individual volunteering exceeds 10 hours per month. Please complete all of the information below and attach a check for \$60.50 (or \$51.00 for Southwest Florida) so that the appointment for the Live Scan Fingerprinting can be made. If you'd like to go to a location other than one close to home (i.e. work) please enter an alternate zip code.

Location/Service Code (Official use only): _____

PLEASE PRINT LEGIBLY

First Name: _____

Middle Name: _____

Last Name: _____

Street Address: _____

City, State, Zip Code: _____

Alternate Zip Code (if desired): _____

Home Phone Number: _____ Cell Phone Number: _____

Date of birth: _____ Gender: M [] F [] Height: _____

Weight: _____ Race/Ethnicity: _____

Hair Color: _____ Eye Color: _____

State of Birth: _____ Country of Birth: _____

Citizen Country: _____ Social Security Number: _____

Driver License/State ID Number: _____

Driver License State of Issue: _____

E-mail: _____

Best Date and Times for Appointment – Please provide at least 3 (as appointments fill quickly):

Date: _____ 8am – 10am [] 10am – 12pm [] 12pm – 2pm [] 2pm – 5pm []

Date: _____ 8am – 10am [] 10am – 12pm [] 12pm – 2pm [] 2pm – 5pm []

Date: _____ 8am – 10am [] 10am – 12pm [] 12pm – 2pm [] 2pm – 5pm []



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