



HUMAN RESOURCES DEPARTMENT

VOLUNTEER PACKET

(for Volunteers who have a government-issued identification)

(Kid's College, Chain Reaction, PALs Program, etc.)

Volunteer's Name _____

Department, Program, or Event _____

Department Supervisor's Signature _____

Note: Only completed packets for volunteers should be sent to the Human Resources Department at the Pensacola Campus, Building 7, Room 715.



VOLUNTEER APPLICATION

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Email: _____

I wish to volunteer my services to Pensacola State College in the following capacity:

I can start volunteering on _____, and provide services as needed until further notice or until _____.

My approximate hours are from _____ until _____ on the following days: _____.

I understand that I will not receive any payment for my services.

Volunteer's Signature

Date

To be completed by the Department

Volunteer will be assigned in the following capacity: _____
Describe Capacity

Services will be performed at _____ Campus.

Program, Department, or Event: _____

Department Head's Signature

Date

Senior Administrator's Signature

Date



Background Check Instructions

In accordance with the College policy, all employees, interns, and volunteers must complete a Level II background screening once they have been selected or scheduled for an assignment. *

- The College's live scan equipment to acquire fingerprints is located at the Pensacola campus, Public Safety/College Police department entrance area, building 5. The department may be reached at 850.484.2500, or x-2500 on campus to set up an appointment for fingerprinting.
- All parties who are printed by the College's live scan are required to complete a VECHS Waiver Form which will be provided by Human Resources, or available at the Public Safety/College Police. Completed VECHS Waivers forms will be maintained by the Human Resources department for each individual.

Please reference the Board of Trustees' Policy, 6Hx20.1.036 for further information.

Questions may be directed to:

Tammy R. Henderson

Director, Human Resources

1000 College Blvd.

Pensacola FL 32504-8998

Office Phone: 850.484.1766

thenderson@pensacolastate.edu

*You will be advised if payment for the background check is required.

Department, Program, or Event:

Form A

Florida Department of Law Enforcement
Criminal Justice Information Services Division/User Services Bureau



VECHS WAIVER AGREEMENT AND STATEMENT

Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record Checks

under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (*enter Name of Qualified Entity*) District Board of Trustees of Pensacola State College to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement 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 FBI, pursuant to 28 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, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. 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, volunteer, contractor, or subcontractor.

A national criminal history background check on me 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

Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: District Board of Trustees of Pensacola State College

Address: 1000 College Blvd. Pensacola FL, 32504

Telephone: 850-484-1766 Fax: 850-484-1711

FDLE Assigned Qualified Entity Number: E 17020007

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY



VOLUNTEER GENERAL WAIVER

I _____
Volunteer
of _____
Street City State Zip Code

Hereby waive all liabilities, claims, demands and actions that may arise against The District Board of Trustees of Pensacola State College, Florida and, or its trustees, officers, employees or agents related to my volunteer work. This relates to any loss, damage, or injury, including death that may be sustained, while in or on the premises of Pensacola State College or any premises leased to, used, or under the control or supervision of Pensacola State College or while enroute to or from such premises.

In signing this, I acknowledge that I have read this waiver, that I understand and acknowledge the significance and consequence of this waiver and that I am signing it voluntarily.

ACKNOWLEDGEMENT OF CRIMINAL BACKGROUND CHECK

I agree to comply with the policies and procedures of Pensacola State College and will conduct myself in an appropriate and professional manner. I understand that I am required to submit to a criminal background investigation if I choose to volunteer within Pensacola State College, and may be subject to the cost of the background check.

Signature of Volunteer

Date

Signature of Parent (if volunteer is a minor)

Date