



VOLUNTEER AFFIDAVIT

I attest that my name is _____

_____ and I serve at the
(print volunteer/foster grandparent name)

family child care home known as _____
(print name of provider)

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 40 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

Date

To Be Completed by the Provider

I attest my name is _____,

and I, _____, am the Provider of the home
(print Provider name)

identified above.

The above individual serves, under the above definition, as a volunteer in this home. I attest that I have read the foregoing, and the facts alleged are true and correct.

Provider Signature

Date