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 submit local and state background screening and 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 level 2 background screening information in accordance with section 402.3055, Florida Statutes,
and complete the state mandated child care 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
am the owner/operator/director of the child care program identified above. 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