



VOLUNTEER ACKNOWLEDGEMENT FOR CHILD CARE PROGRAM

I attest my name is _____, and I serve in the child care
(print volunteer's/foster grandparent's name)

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 402.302(3), Florida Statutes, and complete the state mandated training requirements.
- Foster Grandparent:** As a foster grandparent, I adhere to all 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. I must begin training within 30 days of working in the child care industry in any Florida child care facility and have the following courses completed, either by instructor-led or online, within one year from the working start date: Child Care Facility Rules and Regulations; Health, Safety and Nutrition; Identifying and Reporting Child Abuse and Neglect; and, Special Needs Appropriate Practices.

I attest that I have read and that I understand the foregoing.

Volunteer's/Foster Grandparent's Signature

Date

To Be Completed by the Owner/Operator/Director

I attest my name is _____, and I am the
(print owner's/operator's/director's name)

(check one) 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 and understand the foregoing.

Owner's / Operator's / Director's Signature

Date

