



Affidavit of Volunteer

Under penalty of perjury, I attest my name is _____,

and I serve as a volunteer in
the child care facility known as _____.

As a volunteer, I do not receive any form of payment or remuneration 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 state mandated training requirements.

Under penalty of perjury, I declare that I have read the foregoing, and the facts alleged are true and correct.

Affiant Signature

Date

Form of identification presented: _____

Sworn to and Subscribed before me this _____ day of _____

Notary Signature: _____

Commission Expires: _____