

# VolunTEENS

## **Martin County Parks & Recreation**

# **Info Packet**

**#lovemcparks**  
**volunteerparks@martin.fl.us**

# MARTIN COUNTY PARKS AND RECREATION DEPARTMENT

## JOB DESCRIPTION

### **SUMMER CAMP VOLUNTEEN - Description of Duties:**

The Summer Camp VolunTEEN position is a voluntary 'on-the-job' training position for teenagers ages 13-17. The position requires VolunTEENs to assist Camp Counselors and Camp Leaders with the Martin County Parks and Recreation Department's Summer Day Camp.

### **SUMMER CAMP VOLUNTEEN - Job Requirements:**

1. To assist Counselors in each of the camp's age groups on a rotating basis.
2. To gather equipment and put away after each activity.
3. To help check play area for safety conditions. If there are any safety factors such as broken glass, ants, etc, the VolunTEEN must notify the Counselor immediately.
4. To prepare arts and crafts supplies before class takes place.
5. To clean arts and crafts area after group has completed project. (Note: Children are responsible for cleaning up their own mess but, VolunTEEN's need to clean whatever was not done correctly and put away supplies.)
6. To keep all storage areas neat and manageable.
7. To assist Counselors with implementing daily activities.
8. To plan and implement one (1) weekly sports activity for assigned group. Activity must be approved by Counselor and be something that has not been done before.  
*Note: Must be age appropriate.*
9. To plan and implement one (1) weekly arts and crafts activity for assigned group. Activity must be approved by Counselor and be something that has not been done before. *Note: Must be age appropriate.*
10. To assist Counselors with children at all field trips. This includes but is not limited to walking children to bathroom, putting on skates, serving lunches, lining up, etc.
11. To sweep and mop floors at the end of each day.
12. To set up tables and chairs each morning.
13. To tear down tables and chairs each afternoon.
14. To perform any other duties as required by Counselors, Leaders and Full-Time Staff.

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## MARTIN COUNTY PARKS AND RECREATION

### SUMMER CAMP VOLUNTEEN

### MARTIN COUNTY PARKS AND RECREATION

### SUMMER CAMP VOLUNTEEN CODE OF CONDUCT

I am the adult guardian of the undersigned volunteer who is under eighteen (18) years of age and am fully aware of and understand the condition of the voluntary work that will be performed for the Martin County Parks and Recreation Department (PRD).

I, on my own behalf and on the minor child's behalf, understand and agree that:

1. The undersigned minor's voluntary participation in PRD volunteer activities does not entitle him/her to any compensation or other employment benefits;
2. He/she is NOT an agent or employee of Martin County, Florida, and he/she will not so represent himself/herself as one to any person, government unit or corporate entity;
3. He/she will be solely responsible for his/her actions while participating in volunteer activities;
4. He/she has a responsibility to always conduct himself/herself in an ethical, truthful, and honorable manner when interacting with the public, other volunteers and other County employees;
5. He/she is prohibited from using the position for personal gain or for the benefit of family members;
6. He/she is prohibited from soliciting or accepting gifts from any person/firm doing or intending to do business with PRD or regulated by PRD with the intent to influence the volunteer in his or her official duties;
7. He/she must follow instructions, be courteous and cooperative with citizens, fellow volunteers and employees;
8. He/she must be reliable, arrive on time and provide notice when departing, and if unable to fulfill the volunteer duties provide reasonable notice (preferably 24 hours);
9. He/she must adhere to all safety guidelines and rules required by Martin County and immediately notify the supervisor if injured in the performance of scheduled and documented volunteer activities;
10. He/she must act responsibly and not endanger others or himself/herself;
11. He/she must abide by all Martin County general employment policies including but not limited to harassment, equal opportunity, workers compensation, etc;
12. He/she must abide by policies and guidelines set forth in the PRD Summer Camp Employee Manual;
13. He/she understands that the possession, sale, and/or use of drugs, alcohol or tobacco products is strictly prohibited. This includes use off-site before coming to the VolunTEEN program and or attending an activity or event under the influence of drugs or alcohol.
14. He/she may be released from his/her voluntary participation in the aforementioned activities for any reason or no reason at all without notice; and he/she is not entitled to any recourse in the event he/she is released;

My signature below indicates that I have reviewed these requirements with my minor child and he/she understands them completely.

# VolunTEENS

## MARTIN COUNTY PARKS AND RECREATION SUMMER CAMP VOLUNTEEN

\_\_\_\_\_  
VolunTEEN Program Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
VolunTEEN Program Parent/Guardian Signature

\_\_\_\_\_  
Date

### CPR & FIRST AID CERTIFICATION PROCESS

It is a requirement that all volunteers with Martin County Parks and Recreation's (PRD) Summer Camp have a valid and active CPR and First Aid Certificate before they can begin their volunteer assignment. As a policy of Martin County, all PRD summer camp staff members are required to be CPR and First Aid Certified and volunteers will never be left alone with a child camper.

Below are a few opportunities to receive this certification. Some have fees and there are some online courses that are free of charge. We do not prefer or require one program over the other; these are just a handful of the different opportunities to obtain the training and certification.

The following website is simplest to navigate. Visit: <https://www.nationalcprfoundation.com> or you can go to the following:

1. **American Red Cross:** Visit the American Red Cross to view local training and certification classes offered. Go to [www.redcross.org](http://www.redcross.org), click on "Training & Certification" and search for "First Aid, CPR and AED" classes near your location. Fees vary and can be found on this website. This will also give phone numbers to call for local American Red Cross chapters.
2. **American Heart Association:** Visit the American Heart Association to view local training and certification classes offered by affiliated groups. Go to [www.heart.org](http://www.heart.org), click on "CPR & ECC," then click on "Find a Course." From here you can search for local trainers and classes to become certified or you can take the course online. This will also give phone numbers to call for local affiliated trainers.
3. **Online search:** visit any major web search engine (Google, Bing, etc), and search for "CPR and First Aid Certification." The results should bring up the following:
  - a. **Local CPR and First Aid trainers and classes:** prices/fees, times, availability, location all vary. Check the different sites and call the local trainers for more information.
  - b. **Online Courses:** There are many online courses that offer opportunities to get this certification. Some of these courses have fees and others are free of charge. Some include videos, reading materials and exams at the end to ensure that you understand the information.

# VolunTEENS

## MARTIN COUNTY PARKS AND RECREATION SUMMER CAMP VOLUNTEEN

Once the volunteer/VolunTEEN completes the course(s), provide a copy of the certificate to the Parks and Recreation Department to have on file before any volunteer hours are served. If you have any questions please email: [teens@martin.fl.us](mailto:teens@martin.fl.us)

**In person:** 2401 SE Monterey Road, Stuart, FL 34996

**E-mail:** [teens@martin.fl.us](mailto:teens@martin.fl.us)

**Fax:** 772-221-1333

# VolunTEENS

## MARTIN COUNTY PARKS AND RECREATION SUMMER CAMP VOLUNTEEN BACKGROUND CHECK PROCEDURE

It is a requirement that all volunteers with Martin County Parks and Recreation's (PRD) Summer Camp complete and pass a Florida Department of Children and Families (DCF) Level 2 background check. This background check is paid for by (PRD) and must be completed before beginning any volunteer hours.

Below is the process to complete this background check.

VolunTEENS must visit or provide completed forms to the PRD office to schedule an appointment at a local LiveScan Provider. Use the information below to schedule an appointment:

- a. **Location:** Martin County Parks and Recreation Department; 2401 SE Monterey Road, Stuart, FL 34996
- b. **Phone Number:** Call the Martin County Parks and Recreation Department at 772-320-3078.
- c. **Hours of Operation:** Martin County PRD is open Monday – Friday 8:00am – 5:00pm

PRD staff will provide documents to complete and schedule your fingerprinting appointment at the location of choosing. VolunTEENS must bring with them a state identification card or driver's license.

If VolunTEEN misses their fingerprinting appointment, another may be scheduled at the cost of the VolunTEEN.

After results are received and reviewed, a member of PRD staff will be in contact with the volunteer to let them know of the results and next steps. If you have any questions, please call Veronica Jimenez at 772-320-3161 or email at [teens@martin.fl.us](mailto:teens@martin.fl.us).



## PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

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Employee/Contractor Name (Printed)

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Employee/Contractor Signature

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Date

## FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

### NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.



US Department of Justice  
Federal Bureau of Investigation  
*Criminal Justice Information Services Division*



### *PRIVACY STATEMENT*

**Authority:** The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

**Routine Uses:** The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

**Additional Information:** The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice



## Care Provider Background Screening Clearinghouse Background Screening Request Form

You have applied for a position with a health care and/or service provider regulated by a specified agency in the Care Provider Background Screening Clearinghouse (Clearinghouse) that requires a fingerprint-based background check. As a health care and/or service provider regulated by a specified agency in the Clearinghouse we may conduct a search for an existing background screening result or submit a new background screening request through the Clearinghouse results website on your behalf.

In order to complete the search and/or background screening request we must collect the following information. This information is required by the Clearinghouse, the Florida Department of Law Enforcement, and the Federal Bureau of Investigation.

Please provide the following information:

### Applicant Information

\*First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
\*Last Name: \_\_\_\_\_  
Aliases: \_\_\_\_\_  
\*SSN: \_\_\_\_\_  
\*Date of Birth: \_\_\_\_\_  
\*Place of Birth: \_\_\_\_\_

### Demographics

\*Sex: \_\_\_\_\_  
\*Race: \_\_\_\_\_  
\*Hair Color: \_\_\_\_\_  
\*Eye Color: \_\_\_\_\_  
\*Height: \_\_\_\_\_  
\*Weight: \_\_\_\_\_

\*Driver's License, Passport, State Issued ID  
\_\_\_\_\_

### Contact Information

\*Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
\*City: \_\_\_\_\_  
\*State: \_\_\_\_\_  
\*Zip: \_\_\_\_\_  
County \_\_\_\_\_  
Prior States: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

\*Denotes Required Fields

Martin County Board of County Commissioners, Stuart, Florida

PARKS AND RECREATION DEPARTMENT

RELEASE AND WAIVER OF LIABILITY

NOTICE: This form contains a release and waiver of liability and when signed is a contract with legal consequences. Please read it carefully before signing your name.

This document may be reproduced upon request in an alternative format by contacting the County ADA Coordinator (772) 320-3131, the County Administration Office (772) 288-5400, Florida Relay 711, or by completing our accessibility feedback form at www.martin.fl.us/accessibility-feedback.

Participant (check)

Minor Participant (check)

TO MARTIN COUNTY: In consideration of the opportunity afforded to me to be a participant in the activities offered by the Martin County Parks and Recreation Department. I, the undersigned participant or parent/ guardian, freely agree to and make the following contractual representations and agreements.

I, the undersigned participant, or parent/guardian, do hereby knowingly, freely, and voluntarily assume all risk and liability for any damage or injury that may occur as a result of my own or my dependent(s)'s participation in this activity and agree to release, waive, discharge, and covenant not to sue Martin County, its officers, agents, employees, and volunteers from any and all liability or claims that may be sustained by me or a third party directly or indirectly in connection with, or arising out of participating in this activity, whether caused in whole or in part by the negligence of Martin County or otherwise. I consent to having my or participant/s photo and/or video taken for promotional use only to be used in but not limited to websites, publications, social media and/or publicity outlets. I agree there will be no monetary compensation for such use.

I, the undersigned participant, or parent/guardian, have read this form, fully understand its terms, and understand that I, on behalf of myself (or my dependent described herein), have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law and agree that if any portion of this contract is held to be invalid the balance notwithstanding, shall continue in full legal force and effect.

Notice to the Minor Child's Natural Guardian: Read this form completely and carefully. You are agreeing to let your minor child engage in a potentially dangerous activity. You are agreeing that, even if Martin County uses reasonable care in providing this activity, there is a chance your child may be seriously injured or killed by participating in this activity because there are certain dangers inherent in the activity which cannot be avoided or eliminated. By signing this form you are giving up your child's right and your right to recover from Martin County in a lawsuit for any personal injury, including death, to your child or any property damage that result from the risks that are a natural part of the activity. You have the right to refuse to sign this form, and Martin County has the right to refuse to let your child participate if you do not sign this form.

1. I, releasor, being of lawful age, in consideration of being permitted to participate in activities by the Martin County Parks and Recreation Department, do for myself, my heirs, executors, administrators, and assigns hereby release and forever discharge MARTIN COUNTY, the Board of County Commissioners, their officers, agents, employees, volunteers, assigns and successors of and from any and every claim, demand, action or right of action, of whatever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any accident which may occur as a result of participating in any Martin County Parks and Recreation Department activity whether by negligence or not.

2. I further release all officials and professional personnel from any claim whatsoever on account of first aid treatment or services rendered to me during my participation in any activity offered by the Martin County Parks and Recreation Department.

3. I understand there are risks associated with these activities, and I assume the risk of any injuries that may be sustained during any of these activities.

4. I understand that MARTIN COUNTY, the Board of County Commissioners, their officers, agents, employees, volunteers, assigns and successors of, may take photographs or video recordings for use in County publications, social media, and news releases without my written consent.

5. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

6. Releasor further states that he/she has carefully read the foregoing release and knows the contents thereof and signs this release as his own free act.

7. Releasor agrees that he/she will follow all posted rules associated with the activity described herein.

If the participant is a minor, the undersigned parent or legal guardian warrants and represents that this RELEASE, its significance and the assumption of risk has been explained to and understood by the minor child or ward.

Dates of Activity: From: \_\_\_\_\_ To: \_\_\_\_\_ (Release and Waiver of Liability will expire at end of program date listed here)

Name of Participant (Print): \_\_\_\_\_ Participant (signature): \_\_\_\_\_

Name of Guardian (print): \_\_\_\_\_ Guardian (Signature): \_\_\_\_\_

County Employee/Witness (print): \_\_\_\_\_ County Employee/Witness (signature): \_\_\_\_\_

Florida Department of Law Enforcement check

National Sexual offender registry