



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 Recreation Supervisor/Coordinators and Recreation Leaders with the Martin County Parks and Recreation Department's Summer Camps.

SUMMER CAMP VOLUNTEEN - Job Requirements:

1. To assist Recreation Leaders with various camper 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 a Recreation Supervisor, Coordinator, or Leader immediately.
4. To prepare arts and crafts supplies before class takes place.
5. To clean arts and crafts area after group has completed project.
6. To keep all storage areas neat and manageable.
7. To assist Recreation Leaders with implementing daily activities.
8. To plan and implement one (1) weekly sports activity for assigned group. Activity must be approved by Recreation Supervisor/ Coordinators 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 Recreation Supervisor/Coordinators and be something that has not been done before. *Note: Must be age appropriate.*
10. To assist Recreation Supervisor/Coordinators and Recreation Leaders with campers on all field trips. This includes but is not limited to walking children to bathroom, , serving lunches, lining up, etc.
11. To assist with sweeping and mopping 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 Recreation Supervisor/Coordinators.



MARTIN COUNTY PARKS AND RECREATION

SUMMER CAMP VOLUNTEEN

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



MARTIN COUNTY PARKS AND RECREATION SUMMER CAMP VOLUNTEEN

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.

**CPR/First Aid Certifications may be available through Parks and Recreation. Please contact Teen Coordinator for more information and any availability. **

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, 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, 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.



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

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

E-mail: teens@martin.fl.us

VolunTEEN Application Check list

1. Download and review the full "VolunTEEN Info Packet" – found on the webpage at <https://www.martin.fl.us/Teens>
2. Contact Teen Coordinator to outline site location availabilities and any additional requirements.
3. Confirm VolunTEEN has a government issued ID
4. Confirm VolunTEEN has CPR/First Aid certification or is registered to get certification (*Must have CPR/First Aid Certification prior to starting their VolunTEEN assignment*)
5. Complete Level 2 background check request form
6. Register for VolunTEEN program through website
7. Turn in the Level 2 background check request form to the Teen Coordinator
8. Contact Summer Camp Location Coordinator for volunteering schedule (This will be coordinated by the Teen Coordinator)



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.
Hours of Operation: Martin County PRD is open Monday – Friday 8:00am – 5:00pm
- b. **Phone Number:** Call the Martin County Parks and Recreation Department Teen Coordinator at 772-320-3161.

PRD staff will provide documents to complete and schedule your fingerprinting appointment at the location of choice. 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 the Teen Coordinator at 772-320-3161 or email at 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.

Employee/Contractor Name (Printed)

Employee/Contractor Signature

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 like 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.

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 Field