



PRE-COLLEGIATE PROGRAM VOLUNTEER SUPERVISOR AFFIDAVIT

I, _____, attest that the following volunteers will assist on an intermittent basis for less than 10 hours in one month. I further attest that said volunteers will be under my direct supervision and always within my line of sight.

I acknowledge that said volunteers have not undergone the recommended level 2 background screening, as suggested by Human Resources.

I understand that in order for said volunteers to be exempt from the level 2 screening requirement they must not volunteer more than 10 hours per month; and that it is my responsibility to monitor and limit volunteer hours.

If there is a change in the hours volunteered or I determine that the said volunteers will exceed the 10 hours per month limit, I will notify Human Resources, and I will provide all required information to initiate the background screening.

STATE OF FLORIDA

COUNTY OF _____

Volunteer Supervisor Name (printed)

Volunteer Supervisor Signature

TO BE COMPLETED BY NOTARY:

Sworn to and subscribed before me this ____ day of _____, 20____. Affiant personally known to notary OR Affiant produced the following identification: _____

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

(Print, Type, or Stamp Commissioned Name of Notary Public)

