

CITY OF ALTAMONTE SPRINGS – SPECIAL NEEDS RECREATION

SPECIAL NEEDS RECREATION - VOLUNTEER REGISTRATION

Volunteers are the backbone of Altamonte Springs Special Need Recreation. They enable us to offer a wide variety of activities and programs for individuals in our community with special needs. When you volunteer, you join a family of people from all walks of life who gain a greater understanding of and appreciation for people with mental and physical disabilities.

HOW TO REGISTER:

1. Complete Paperwork
 - a. Complete the enclosed paperwork (includes a document requiring notary and fingerprints)
 - b. Return all forms to Special Needs Activities Coordinator
 - c. Take a copy of the FDLE VECHS Form to be fingerprinted for FREE at the COPS Center in the Altamonte Mall. (It is imperative that you mention you are volunteering for the City of Altamonte Springs Special Needs Recreation)
2. Await Approval
 - a. Once paperwork is submitted, and fingerprints are collected, it will take roughly 7-10 business days to process and approve volunteers.
3. Sign Up for Events
 - a. Upon approval, volunteer can begin attending events of their choice. Sign up for specific events by sending us a quick email or call (preferably at least a week before an event.) Select desired events to volunteer at via newsletter and website postings.

ENCLOSED:

1. Volunteer Information, Code of Conduct & Events Interest Form
 - a. This form gives us a way to contact you and lets us know in which program(s) you would like to volunteer.
2. Report of Medical History Form
 - a. This information is for official and medically-confidential use only and will not be released to unauthorized persons.
3. Collection of Social Security Number
 - a. This form specifies how the collection of your social security number will be used.
4. Affidavit of Good Moral Character (**Notary Needed**)
 - a. Please sign this document in the presence of a Notary Public.
 - b. You may bring the document to the Altamonte COPS Center for notary services.
 - c. Please call to confirm availability 407-571-8463
5. FDLE VECHS Form (**Fingerprinting Form**)
 - a. This form provides us permission to submit fingerprints for processing. One copy needs to be turned in with the rest of your paperwork and take a copy with you to the COPS Center for printing.
 - b. Fingerprints are free of charge. Fingerprints from other agencies/locations will not be accepted.
 - c. You will need to bring a copy of your photo ID.

COPS CENTER LOCATION

- Altamonte Springs Police Department's COPS Center is located at:
Altamonte Mall, 451 E. Altamonte Drive, Alt. Springs FL 32701
Just inside the lower level main mall entrance between JCPenney and Macy's
- Volunteers staff the COPS Center Monday through Saturday, from 10:00am until 4:00pm, offering fingerprinting, notary, safety literature, and more. Phone: 407-571-8463

Thank you for assisting us in providing socially interactive, therapeutic, and recreational activities for our Special Population. Please feel free to contact us if you have any questions or issues.

Sincerely,

Ranwa Nin El-khoury, Special Needs Activities Coordinator

Mail to: City of Altamonte Springs, 225 Newburyport Avenue, Altamonte Springs, FL 32701
Office Located at: Eastmonte Park, 830 Magnolia Drive, Altamonte Springs, FL 32701
Office: 407-571-8814, Fax: 407-571-8809, Email: Rrel-Khoury@altamonte.org
www.ASRecreation.org, www.AdvisoryBoardforDisabled.org

**KEEP THIS FORM
FOR YOUR RECORDS**

CITY OF ALTAMONTE SPRINGS – SPECIAL NEEDS RECREATION
VOLUNTEER INFORMATION & INTEREST FORM

Volunteer Name: _____ Date of Birth (mm/dd/yyyy): _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Emergency Contact: _____
Alternate Number: _____ Emergency Number: _____
Email Address: _____ Want to receive e-news? Yes No

VOLUNTEER CODE OF CONDUCT

- I will respect the rights, dignity and worth of athletes, coaches, other volunteers, friends and spectators in program.
- I will treat everyone equally regardless of sex, ethnic origin, religion or ability.
- I will dress and act at all times in a manner which will be appropriate to my assigned responsibilities.
- I will display control, respect, dignity and professionalism at all times.
- I will provide for the general welfare, health, and safety of any participant(s) in my charge during the course of my assigned duties.
- I will report any emergencies to the appropriate authorities after first taking immediate action to ensure the health and safety of the participants.
- I will not take part in the consumption of alcoholic beverages and/or controlled substances during any training, competition or program.
- Nor will I take part in smoking or chewing tobacco during any training, competition or program except in designated areas.
- I will not engage in any type of inappropriate behavior, sexual activity, and/or verbal or physical abuse with participants, staff, officials, parents, or other volunteers.

Signature: _____ **Date:** _____

Please select all volunteer opportunities that interest you:

ACTIVITIES

- Nightbird Dances: one Friday night a month
- STOP Field Trips: Saturday Time Outs for Parents- one Saturday a month
- Bowling: every Monday, excluding holidays
- Thursday Night Out: Karaoke & Cooking Night (Thursday Evenings)

CAMP PROGRAMS

- Winter Camp: 8 Wednesdays from January to February
- Summer Camp: 8 Wednesdays from June to July
- Christmas Camp: 2 afternoons in December

DANCE TRAINING

- Belly Dancing: second and fourth Wednesday of the month
- Ballroom Dancing: 8 week workshops in Spring and Fall
- Altamonte Sparklers: Special Needs Cheerleading Squad (October- April)

GENERAL OPPORTUNITIES (only complete through page 6)

- Banquets: (Bowling, Belly Dancing, Holiday Gala)
- Fundraisers: (Set up, advertise, serve, or clean up)
- Office Work: (filing, mailing, data entry)
- Other/Comments: _____

Please return paperwork to Coordinator:

Mail to: City of Altamonte Springs, Attn: Ranwa Nin El-Khoury
225 Newburyport Avenue, Altamonte Springs, FL 32701

Office Located at: Eastmonte Park
830 Magnolia Drive, Altamonte Springs, FL 32701

Phone: 407-571-8814 **Fax:** 407-571-8809

Email: Rrel-Khoury@altamonte.org

www.ASrecreation.org

www.AdvisoryBoardforDisabled.org

<u>OFFICE USE ONLY:</u>	
Code of Conduct:	_____
Social Sec:	_____
Medical:	_____
Affidavit:	_____
FDLE:	_____
Live Scan:	_____
Date Forwarded:	_____
Date Cleared:	_____
Comments:	_____
