

Affidavit of Executive Director

State of Florida
Pinellas County

_____ states as follows under oath:

1. I am of legal age, and am under no disability.
2. I have personal knowledge of all of the facts set forth herein.
3. I am the Executive Director of _____.

4. I am aware that the contract for funding from the Juvenile Welfare Board of Pinellas County requires that **all** program staff and Provider staff (including employees, independent contractors and staff of subcontractors), volunteers and those with access to youth participants are required to undergo and pass a state and national background screening that meets the legal requirements of F.S. 435.04. This means that the employee/volunteer has not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or has been adjudicated delinquent and the record has not been sealed or expunged for any offense prohibited by F.S. 435.04 (as may be amended from time to time) or under any similar statute of another jurisdiction. This does not apply to volunteers or subcontractors who are not required to be screened per the terms of the JWB agreement.

5. All of our employees, volunteers, and subcontractors who are required to be screened are screened before beginning work for us pursuant to Volunteer & Employee Criminal History System (VECHS) at the Florida Department of Law Enforcement (FDLE). Employees, volunteers, and subcontractors in programs funded through the Juvenile Welfare Board receive a Level 2 background screening every 5 years following their initial screening, providing there is no break in service.

6. I have personally reviewed or have delegated this responsibility to a staff member(s) who understands the background screening requirements and he/she has personally reviewed the background screening results from VECHS and attest that all of our employees, volunteers and subcontractors who are required to be screened have been screened through VECHS for a state and national background check and, to the best of my knowledge and ability, meet the Level 2 screening requirements set forth in F.S. 435.04.

FURTHER AFFIANT SAYETH NOT.

Executive Director Signature

Title/Agency

Subscribed and sworn to before me
on this ___ day of _____, 202___ by
_____(Name) who is _____ personally known to me or
Who Produced the following identification: _____.

NOTARY PUBLIC STATE OF FLORIDA AT LARGE
My commission Expires _____
SEAL