

VILLAGE OF PALMETTO BAY PARKS & RECREATION DEPARTMENT

SWORN STATEMENT PURSUANT TO ORDINANCE 08-10, SECTION 26-33, THE SHANNON MELENDI ACT FOR PROGRAMMING ENTITIES/VENDORS/ORGANIZATIONS

THIS FORM MUST BE SIGNED BY AN AUTHORIZED OFFICIAL AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC.

1.	This sworn statement is submitted to the Village of Palmetto Bay, Parks & Recreation Department				
	(hereinafter "VOPB-P&R") by:				
	(print individual's name and title)				
	For: (print name of programming entity/vendor/organization submitting sworn statement)				
	And its Federal Employer Identification Number (FEIN) is				
	If the programming entity/vendor/organization/CBO has no FEIN, include Social Security Number (SSN) of the individual signing this sworn statement.				
2.	I,, am duly authorized to make this sworn statement (Print individuals name and title)				
	(Print individuals name and title)				
	On behalf of:				
	(Print name of programming entity/vendor/organization submitting sworn statement)				

- 3. I understand that Ordinance 08-10 Shannon Melendi Act (hereinafter "Ord. 08-10") was passed and enacted by the Village of Palmetto Bay of the 7th day of July 2008; and that it is my responsibility on behalf of my organization to effectuate full compliance and execute an Affidavit swearing to said compliance.
- 4. I have been provided a copy of Ord. 08-10.

5.	I understand that Ord. 08-10 requires that staff/volunteers/coaches/managers requiremationwide criminal background check	on park prop	erty, shall secure a			
	workers/employees/volunteers whose dution park property owned or operated by the background checks shall be conducted by report as to whether each child event work. National Sex Offender Public Registry. It of background check documents to the jurisdiction.	e VOPB-P&R. I further y a Professional Backş ker, park vendor, staff further understand that	r understand the ground Screene member or vol I shall, upon re	e nationwide criminal or and shall include a unteer is listed on the equest, provide copies		
6.	I certify that all child event workers/employees/volunteers/coaches/managers have proof of United States Citizenship or legal immigration status in the United States.					
7.	(Print name of programming entity/vendor		has a Business inization) ni-Dade County and Palmetto Bay, Florida.			
8.	I understand that the failure to comply with the <u>nationwide criminal background check</u> as required in Ord. 08-10 may disqualify my programming entity/vendor/organization/CBOs from conducting business with the Village of Palmetto Bay, Parks & Recreation Department.					
9.	I hereby certify that the foregoing statement is true and correct and certify that the submission of this form to the Village of Palmetto Bay binds me and my programming entity/vendor/organization/CBOs to fully comply with the background screening requirements of Ord. 08-10.					
10.	Upon affixing my signature and execution of this document, I further agree to sign, execute and notarize the attached AFFIDAVIT swearing to said compliance; and submit concurrently with this document. I further understand that pursuant to Paragraph 8 above, failure to remit the subject AFFIDAVIT may disqualify my programming entity/vendor/organization/CBO from conducting business within Village of Palmetto Bay parks and/or property as described in he's/she's respective/governing User Agreement.					
	(Print Name)	(Signature)		Date		
	Sworn to and subscribed before me this		day of	, 20		
	Personally known to me, or Produced Identification. (Type of identification)					
	Notary Public – State of Florida		·			
	My commission expires	;; (Print or stamped c	ommissioned n	ame of notary public		
		(1 mit of stamped c	ommissionea n	and or notary public.		