



Acknowledgment Form

Pertaining to any person Hired by or Volunteering for Events of the Florida School Music Association when Students are Present

I acknowledge that I received training regarding the FSMA Sexual Abuse, Misconduct, and Sexual Harassment Prevention Policy. I understand that it is my responsibility to abide by all rules contained in this policy. I also understand how to report incidents of sexual abuse or misconduct as described in the policy and how to report any retaliation committed against me, an employee, teacher, volunteer, or any other person while exercising my rights and legal responsibly to report abuse, neglect, and or sexual molestation. I understand that under the laws of the state of Florida I am not protected from prosecution if I fail to report cases of sexual abuse or neglect of a minor/student to the Florida Department of Children and Families, even if I report the abuse to law enforcement and/or FSMA. I acknowledge that I must report the abuse myself to the Florida Department of Children and Families. Florida law requires that **any** person in Florida who knows or has reasonable cause to suspect that a child is being abused, neglected, or abandoned by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, § 39.201(1)(a), must immediately report that knowledge or suspicion to the Florida Abuse Hotline of the Department of Children and Families 1-(800) 96-ABUSE (1-800-962-2873).

To continue you must answer the following three questions:

1. Have you ever been removed from or asked to leave a leadership position in an organization due to allegations regarding your personal conduct or behavior? _____
2. If you are an educator (current or retired), have you ever been investigated by your school district and/or the Florida Department of Education? _____ If so, what was the outcome(s) _____

3. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child?

Printed Name: _____ Date: _____
(Person under contract or who has volunteered)

Signature: _____

Witness's Signature: _____ Date: _____
(FSMA event official)