

***Healthy Mothers, Healthy Babies
Coalition of Broward County, Inc.
Volunteer Application***



**healthy mothers,
healthy babies®**

COALITION OF BROWARD COUNTY

3810 Inverrary Blvd., Suite 305
Lauderhill, Florida 33319
www.hmhbroward.org | 954-765-0550

Dear Volunteer/Intern,

Thank you for your interest in Heathy Mothers, Healthy Babies. We are excited about your desire to join our team as a volunteer/intern.

Below is a brief overview of the policies necessary for participation.

Please review the information below:

- Complete and return the volunteer application.
- The Supervisor or Volunteer Coordinator provides orientation; volunteers must attend orientation prior to volunteering.
- Volunteers age 18 or older must complete background screening. The volunteer will pay background-screening fees. Volunteers must wear a name badge when in the field. Current Global Entry Identification may be used in lieu of a background screening.
- All volunteers must sign in and sign out.
- Volunteer forms with hours logged and letter requests (if applicable) must be submitted to the Supervisor.
- Professional attire must be worn at HMHB office or in the field. A polo shirt (white, gray, pink or black) with Khaki pants or slacks are acceptable when volunteering outside of the office or at community events.
- When working with clients, a confidentiality form will need to be signed.

Volunteer Application

(Please Print)

Today's Date: _____

Name: _____

Date of Birth: _____ Gender: _____

Full Address (include zip code): _____

Home Phone _____ Cell Phone _____

Work Phone: _____

E-Mail: _____

Facebook: _____ / Twitter: _____

Profession: _____

Employer Name & Address: _____

List your Hobbies: _____

Please check all areas you would like to volunteer: Events Fundraising
 Office Data Entry Programs Community Outreach

Consent

I understand as a volunteer/intern, that I am not an employee of Healthy Mothers, Healthy Babies Coalition of Broward County, Inc. I understand and agree that I will not receive any monetary compensation or be eligible for any coverage under the Florida State Workers Compensation Laws.

I have carefully read the foregoing statement, understand its contents, and acknowledge that I am solely responsible for any expenses incurred as a result of any injury you might suffer while volunteering with the Healthy Start Coalition of Broward County.

Signature of Volunteer

Date

Emergency Contact Name: _____
Relationship: _____

Phone: _____

If you have any questions please contact Linda Tran, Development Director
development@hmhbbroward.org

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