

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



healthy mothers, healthy babies®

3810 Inverrary Blvd, Suite 305 Lauderdale, FL 33319  
[www.hmhbroward.org](http://www.hmhbroward.org) | 954-765-0550

**Volunteer Program**

Dear Volunteer,

Thank you for your interest in Heathy Mothers, Healthy Babies. We are excited about your desire to participate in our Volunteer Program.

This Volunteer Guide provides an overview of the program, the rules and regulations, and the pre-work necessary for entrance into the program.

**Please review the information below:**

(Please note an interview may be required)

- Prior to interview: Complete and return the interview Application.
- Recommendations should be brought day of interview or emailed prior to the interview.
- If all the paperwork is not available on day of interview, the interview will be rescheduled.
- Parent must attend interview if applicant is less than 18 years of age.
- Volunteers must attend orientation prior to volunteering.
- A cell phone for personal use may only be utilized during break.
- All volunteers must sign in and sign out.
- School volunteer forms (if applicable) with hours logged and letter requests must be submitted to the Volunteers Coordinator. You must pick up the signed forms and/or letters within 2 weeks.
- Volunteers must wear professional attire: A polo shirt (any solid color or name brand polo shirt) with Khaki or black pants or your school uniform may be worn during volunteering.
- After volunteering 20 hours you will receive an HMHB shirt to wear while volunteering.

# Healthy Mothers, Healthy Babies Teen Board Application and Volunteer Interview Application

Student/Volunteer: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Date: \_\_\_\_\_

1. What are your career objectives?

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2. How do you define good performance? What do you do to perform according to that definition?

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3. Tell me how you balance your schoolwork/job with extracurricular activities.

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4. Sometimes we are given assignments that don't interest us. Tell me about a time when this happened to you. What did you do? What happened?

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5. Please list all clubs you are a member of and any leadership positions.

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6. Please list any events you have Chaired or coordinated.

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7. Give me an example of a goal that was accomplished when you were a member of a team or group. What was your role?

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**Yes, I would like to apply for a Teen Board Position**  
**If applying for a Teen Board Position please write a short essay on why you would like to be a part of the HMHB Teen Board.**

**Student Volunteer Application**

(Please Print)

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Full Address (include zip code): \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

E-Mail: \_\_\_\_\_

School: \_\_\_\_\_

Mother's Place of Business and Telephone: \_\_\_\_\_

Father's Place of Business and Telephone: \_\_\_\_\_

### **Parental Consent (for volunteers under the age of 18)**

Your child may receive Emergency treatment in the event that an injury occurs while volunteering.

Your permission and/or approval are necessary and appreciated. Please sign below and have your child return this form during the interview. By signing the form, you are consenting to the rules expressed in this packet.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Date: \_\_\_\_\_

Please list any allergies, medication or medical concerns:

\_\_\_\_\_

\_\_\_\_\_



Dear Counselor or Teacher:

One of your students has expressed interest in the Teen Leadership Volunteer Program at Healthy Mothers, Healthy Babies. HMHB is a 501(c) (3) organization since 1987. Our mission is to reduce infant deaths by strengthening families through a comprehensive approach to prenatal care, parenting, education and support services. The objectives include improving access to health care, providing health education and family support, increasing public awareness of healthy behaviors, and helping parents and professionals understand how to prevent infant deaths and improve maternal/child health. The agency serves more than 3,000 unduplicated individuals each year.

Before placing the student, we request your cooperation in answering the questionnaire below and return it to the student in a sealed envelope with your signature on the outside of the sealed flap. We request the student to get a minimum of one recommendation. Thank you for your assistance.

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**Student:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Scholastic Record: \_\_\_\_\_ (Excellent, Good, Fair, Poor)

Attendance Record: \_\_\_\_\_ (Excellent, Good, Fair, Poor)

Gets along well with others: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is the student respectful? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Does the student complete task when given? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Any additional comments: (You can use the back of this form for comments if needed.)

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**Teacher or Counselor Information:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have any questions please contact Linda Cichon, Executive Director

[lcichon@hmhbbroward.org](mailto:lcichon@hmhbbroward.org) 954-765-0550 Ext. 101

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