

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



5546 W. Oakland Park Blvd., Suite 201
Lauderhill, Florida 33315
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

Name: _____ Today's Date: _____

Date of Birth: _____ Gender: _____

Full Address (include zip code): _____

Home Phone: _____ Cell Phone: _____ Work: _____

E-Mail: _____

Facebook: _____ Twitter: _____ Instagram: _____

Profession: _____

Employer Name/ Address/Phone Number: _____

List your Hobbies: _____

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

Days & Times you can volunteer: _____

Programs: Closing the Gap Emergency Basic Needs Fatherhood Mentorship Program
 Fetal Infant Mortality Review Forget Me Not Healthy Families The Mahogany Project
 MOMS (Mothers Overcoming Maternal Stress) Teen Parent Program Safe Sleep/Cribs for Kids

*See brochure for program descriptions

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 Mothers, Healthy Babies Coalition of Broward County.

Signature of Volunteer

Date

Emergency Contact Name: _____
Relationship: _____

Phone: _____

If you have any questions please contact Lisa Egozi, Director of Development

LEgozi@hmhbbroward.org

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