

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



5546 W. Oakland Park Blvd., Suite 201  
Lauderhill, Florida 33315  
[www.hmhbroward.org](http://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 [Adminassit@hmhbbroward.org](mailto:Adminassit@hmhbbroward.org) or call 954-765-0550

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