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

5546 W. Oakland Park Blvd., Suite 201
Lauderhill, Florida 33315
www.hmhbbroward.org | 954-765-0550
Dear Volunteer/Intern,

Thank you for your interest in Healthy 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: ________________________________  Phone: ___________________
Relationship: ____________________________________________

If you have any questions please contact Adminassist@hmbbroward.org or call 954-765-0550

5546 W. Oakland Park Blvd., Suite 201, Lauderhill, Florida 33315
www.hmbbroward.org | 954-765-0550