

Huizenga Campus 920 NW 7th Avenue, Fort Lauderdale, FL 33311-7229

Please complete application, sign, date and return pages 1 – 2. Direct inquiries and applications to:
Phone: 954-779-7673 Fax: 954-779-3991 or dminott@bphi.org

Contact Information		PLEASE PRINT	
Today's Date			
Title	<input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other Specify:		
Name (First/Last)			
Street Address (HOME)			Apt #
City			
State, Zip Code			
Home Phone			
Cell Phone			
E-Mail Address			
Personal Information			
Date of Birth			
Retired	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Convicted or had adjudication withheld in a criminal offense?	<input type="checkbox"/> No <input type="checkbox"/> Yes Describe:	Do you have criminal charges pending?	<input type="checkbox"/> No <input type="checkbox"/> Yes Describe:
How did you learn about BPHI?			
Group Information	(If applicable)		
Group Name			
Group Project Date			
Employer			
Employer			
Title			
Special Program			
Program	<input type="checkbox"/> Community Service <input type="checkbox"/> Court Ordered Service <input type="checkbox"/> Corporate Donation Matching Program <input type="checkbox"/> Other Specify:		
Do volunteer hours require special documentation?	<input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		
Person to Notify in Case of Emergency			
Name (First/Last)			
Cell Phone			
Home Phone			
Work Phone			
E-Mail Address			

VOLUNTEER AGREEMENT / RECEIPT OF POLICIES

Broward Partnership for the Homeless, Inc. (BPHI) Agrees To:

- Provide a Manager of Volunteer Services for recruiting, engaging, orientation, training, supervision, and (if necessary) dismissal of all volunteer staff members. This person will be available, when possible, to assist volunteers during scheduled working hours and will serve as a liaison between volunteer staff members, residents and agency employees.
- Furnish a written description of each volunteer job available with appropriate information concerning skills needed, time, commitment and training required.
- Facilitate training of volunteer staff member to whatever level required to permit them to begin their work safely, confidently, and to maintain continuing competence at assigned task.
- Provide working conditions/access to equipment/supplies, where possible, comparable to paid staff doing similar work
- Provide documentation (as requested) of satisfactory completion of volunteer work assignments to volunteer staff member.

The Volunteer Agrees To:

- **Protect the confidentiality** of all information relating to residents, employees, volunteers and donors of BPHI.
- **Adhere to BPHI's on campus drug and alcohol free policy: Anyone reporting to work under the influence of either will be immediately dismissed.**
- Become familiar with and follow BPHI volunteer policies and procedures as stated in the attached "Volunteer Policies & Procedures".
- Work the schedule mutually agreed upon by Volunteer and BPHI staff and carry out assignments in good spirit.
- Be prompt and reliable in reporting for scheduled work and notify, as soon as possible, the appropriate BPHI personnel if unable to work as scheduled.
- Seek the assistance of appropriate BPHI staff when requiring assistance.
- To provide BPHI with an accurate record of hours worked by following sign-in and sign-out procedure.
- Attend orientation and training sessions for volunteer staff as scheduled or warranted.
- Cooperate fully in the event that it becomes necessary for BPHI to conduct a background check.
- Notify BPHI prior to resignation or leave of absence from volunteer responsibilities.
- Accept BPHI's right to dismiss any volunteer staff member for violation of this agreement in anyway.

ACKNOWLEDGMENT OF EXCLUSION AND 'RELEASE OF LIABILITY' BY A VOLUNTEER

I acknowledge that my service to the Broward Partnership for the Homeless, Inc. (BPHI) in the Volunteer Program will be voluntary, and I understand I will be a volunteer and not an employee eligible for Worker's Compensation claims. I agree to assume all risks connected with my volunteer/community service. I further agree to release the Broward Partnership for the Homeless, Inc., its directors, employees, volunteers or persons related to directors, employees or volunteers, from any and all liability, claim, demand or cause of action or litigation arising out of personal injury, illness, death or property damage I might suffer while performing volunteer/community service work.

I further agree that I will not name, or have named, any of the parties mentioned above as defendants or cross-defendants in any litigation arising out of my volunteer/community service work. I further agree that I will save and hold harmless these parties from any other claims, demands, causes of action or litigation arising out of said service including, but not limited to, actual damages, general damages, punitive damages, attorney fees and cost suit.

I understand that refusal to sign this release will result in my exclusion from participating in the Volunteer Program of the Broward Partnership for the Homeless, Inc. (BPHI).

I have received and read the VOLUNTEER AGREEMENT and RELEASE OF LIABILITY AND CODE OF CONDUCT and agree to abide by the terms stated:

Volunteer Name (Print): _____

Volunteer Signature: _____ Date ___/___/___