



HEP Contact:  
Victoria Richards, Volunteer Coordinator  
[victoriar@ethep.org](mailto:victoriar@ethep.org)  
727-442-9041 Ext: 107

## VOLUNTEER APPLICATION

(Please complete all parts of this application fully and accurately.)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALT. PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### AVAILABILITY:

Weekly Availability (check all that apply)

<input type="checkbox"/> Monday	from _____	to _____
<input type="checkbox"/> Tuesday	from _____	to _____
<input type="checkbox"/> Wednesday	from _____	to _____
<input type="checkbox"/> Thursday	from _____	to _____
<input type="checkbox"/> Friday	from _____	to _____
<input type="checkbox"/> Saturday	from _____	to _____
<input type="checkbox"/> Sunday	from _____	to _____

Volunteer Area of Interest (check all that apply)

<input type="checkbox"/> Kitchen & Dining Hall	<input type="checkbox"/> Thrift Store	<input type="checkbox"/> Veteran's Program	<input type="checkbox"/> Service Center	<input type="checkbox"/> Children's Learning Center	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Professional Services
Serve/prepare meals	Sort & Price donations	Monitor Clubhouse	Data entry/ file/ receptionist	Tutor/ mentor/ chaperone	Landscape/ paint/ repair	Dental/ medical/ financial/ legal/ educational
7 days a week	M-Sat, 9am-5pm	7 days a week	M-F, 9am-5pm	M-F, 4pm-6pm	M-F, 9am-5pm	M-F, 9am-5pm

SKILLS AND INTERESTS

CURRENT OCCUPATION: \_\_\_\_\_ COMPANY (IF APPLICABLE): \_\_\_\_\_

PREVIOUS OCCUPATION(S): \_\_\_\_\_

FORMAL EDUCATION/ TRAINING: \_\_\_\_\_

LIST ANY SKILLS, STRENGTHS, INTERESTS AND/OR EXPERIENCES RELEVANT TO HEP VOLUNTEER OPPORTUNITIES:

PREVIOUS VOLUNTEER EXPERIENCE: \_\_\_\_\_

WHY DO YOU WANT TO VOLUNTEER AT HEP? \_\_\_\_\_

ADDITIONAL INFORMATION

HOW DID YOU HEAR ABOUT HEP?

GROUP AFFILIATION (IF APPLICABLE) \_\_\_\_\_

BACKGROUND VERIFICATION

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ Yes ☐ No

If yes,  
please  
explain:

PLEASE LIST ANY PHYSICAL LIMITATIONS WHICH MIGHT LIMIT YOUR ABILITY TO PERFORM CERTAIN SERVICES WHILE VOLUNTEERING AT HEP:

PLEASE LIST TWO NON-FAMILY REFERENCES WHO WE MIGHT CONTACT:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

## VOLUNTEER APPLICANT AGREEMENT

**In signing this application, I understand and agree to the following:**

- I agree to abide by the policies and procedures provided to me in the volunteer handbook, orientation, and training meetings.
- I will take ideas, constructive comments, suggestions, and criticisms directly to the Volunteer Coordinator and agree to be supervised by the Volunteer Coordinator or designated supervisor as per my job description.
- If communication problems develop between employees and myself, as a volunteer, I will report these to the Volunteer Coordinator as soon as possible.
- I understand that as a volunteer with HEP, I may have access to customer records or information that is confidential. I will keep these records and information confidential according to state and federal laws as well as the ethical practices of HEP.
- I authorize HEP to obtain reference/background checks as needed and to release all such parties from all liability for any damage that may result from furnishing such information for you.
- Volunteers aged 16 years or under must be accompanied by a parent or guardian to volunteer with Homeless Emergency Project ("HEP").

## CONSENT, RELEASE and WAIVER OF LIABILITY

I understand that if I am injured while acting as an unpaid member of the volunteer staff that I am not covered by Florida State Worker's Compensation Law. I relieve Homeless Emergency Project, Inc (HEP). of any liability and accept the responsibility to pay all medical bills connected with any injury, real or alleged, incurred while I am engaged in any duties as an HEP volunteer. If I am unable, I authorize the HEP staff to seek emergency medical treatment in case of accident, injury or illness.

I understand that to volunteer, I must abide by the established rules and codes of conduct established by HEP staff. HEP reserves the right to dismiss me as a volunteer due to my disruption of activities, including but not limited to verbal and physical aggression against staff or other participants, failure to follow safety or HEP instructions, and any other disruptive behavior. A volunteer's dismissal will be at the discretion of the staff of HEP. I understand and agree to assume any and all risks associated with my volunteer activities. In consideration of being permitted to participate in various volunteer activities with HEP, as indicated above, and to use equipment in conjunction with such activities belonging to Homeless Emergency Project, I hereby assume all risks of personal injury and/or property damage to myself in any way associated with my volunteer activities and voluntarily release, discharge, waive and relinquish any and all claims or actions for damages for personal injury, death, or property damage which I may have, or which I may hereafter accrue as a result of my participation in such activities and while I am on the property of HEP for any reason. This release is intended to discharge HEP, in advance, from any and all liability arising out of or connected in any way with my volunteering at HEP or other activities even though that liability may arise out of negligence or carelessness on the part of HEP.

**I further agree to indemnify and hold harmless Homeless Emergency Project for any loss, liability, damage or expense which they may incur as result of any injury that I might sustain or any claim that I might bring as a result of participating in the above activities and covenant not to sue HEP or any its affiliates, directors, officers or staff.**

**I (Print name)** \_\_\_\_\_ acknowledge that I have carefully read this document and fully understand that this is a waiver and release of liability. I have received a copy of this documents and I certify that I am at least 18 years old of age and that I have read the above thoroughly before signing.

By selecting the "I Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting "I Accept" you consent to be legally bound by this Agreement's terms and conditions. If he or she would like, the signatory has the option to opt out and sign with a paper signature instead.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/guardian signature if under age 18**

\_\_\_\_\_  
**Date**

*Please contact HEP Volunteer Coordinator Victoria Richards for Orientation BEFORE volunteering:  
victoriar@ethep.org      727.442.9041 Ext: 107*



*HEP Contact:*  
*Victoria Richards, Volunteer Coordinator*  
*victoriar@ethep.org*  
*727.442.9041 Ext: 107*

## CONFIDENTIALITY

Homeless Emergency Project requires all employees and volunteers to sign a confidentiality agreement as a condition of employment or Volunteers, due to the possibility of being privy to information, which is confidential and/or intended for the company or client use only. All employees are required to maintain such information in strict confidence. This policy benefits you, as an employee, by protecting the interests of Homeless Emergency Project, Inc., in safeguard to confidential, unique and valuable information.

Respecting the confidentiality of our clients, we disclose sensitive information only with their consent or when legally required. All employees shall diligently and honestly pursue the client's legitimate objectives. Objectives should be put in writing to avoid misunderstanding. No employee shall put her/her own needs and desires above those of the client in the performance of work for the client. We acquire releases from clients before discussing their sensitive information with other agencies or for professional purposes.

Child welfare professionals have a duty to be familiar with all relevant confidentiality requirements and limitations found in federal and state laws and agency rules that apply to the child welfare field.

Should an occasion arise in which you are unsure of your obligations under this policy, it is your responsibility to consult with your supervisor. Failure to comply with this policy could result in disciplinary action, up to and including termination.

By selecting the "I Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting "I Accept" you consent to be legally bound by this Agreement's terms and conditions. If he or she would like, the signatory has the option to opt out and sign with a paper signature instead.

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**Volunteer Signature**

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**Date**

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**Volunteer Name (printed or typed)**