



HEP Contact:  
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727-442-9041 X107

## 2025 VOLUNTEER APPLICATION

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

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

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

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

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DOB MONTH/DATE \_\_\_\_/\_\_\_\_

*(PLEASE DO NOT INCLUDE THE YEAR)*

### EMERGENCY CONTACT INFORMATION

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

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

### BACKGROUND VERIFICATION

HAVE YOU BEEN AN HEP CLIENT WITHIN THE LAST YEAR? ☐ YES ☐ NO

IF YES, WHO WAS YOUR CASE MANAGER? \_\_\_\_\_

IS THIS COURT ORDERED COMMUNITY SERVICE? ☐ YES ☐ NO

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

\_\_\_\_\_

### ADDITIONAL INFORMATION

PLEASE LIST INFORMATION FOR VOLUNTEERING CHILDREN UNDER THE AGE OF 16:







NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_





NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

### PROGRAM OF INTEREST

(Please mark no more than 2-3 programs of interest)

 COMMUNITY GARDEN	 DENTAL CLINIC	 HAIR SALON	 INTERNSHIPS	 KITCHEN & DINING HALL	 MAINTENANCE
Planting, Weeding, Harvesting	Dentist, Hygienist <b>*MUST BE LICENSED</b>	Cutting Residents Hair	Marketing, Veterans Program & Wellness	Serving Meals, Food Preparation & Cleaning	Landscaping, Painting, Work Order Repairs
Varies per Season	Mon-Fri: 8am - 4pm	Varies: Depending on Stylists schedule	Mon-Fri: 9am - 5pm	Everyday: 8am - 11am 11am - 2pm 2pm - 5pm	Mon-Fri: 9am - 4pm

 OFFICE & SPECIAL EVENTS	 THRIFT STORE	 VETERANS PROGRAM	 WELLNESS PROGRAM	 WORKFORCE DEVELOPMENT
Data Entry & Filing Assist during Fundraisers and Special Events	Accept and Sort Donations, Pricing & Cleaning	Monitor the Veterans Clubhouse	Pet Therapy, Education, Workshop Facilitation	Assisting Workforce Clients & Workshop Facilitation
Office: Mon-Fri: 9am-5pm Special Events: Varies per month	Tues-Sat: 10am - 4pm	Everyday 9:30am-7:30pm	Mon-Fri: 9am - 5pm	Mon-Fri: 8:30am-5pm

### VOLUNTEER INTEREST

HOW DID YOU HEAR ABOUT HEP? \_\_\_\_\_

ARE YOU VOLUNTEERING FOR A SCHOOL REQUIREMENT?: ☐ YES ☐ NO

IF YES, WHICH PROGRAM? \_\_\_\_\_

IF YES, HOW MANY HOURS DO YOU NEED TO COMPLETE? \_\_\_\_\_

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: \_\_\_\_\_

### WEEKLY AVAILABILITY

*(Check all that apply)*

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<input type="checkbox"/> ALL DAY	<input type="checkbox"/> ALL DAY	<input type="checkbox"/> ALL DAY	<input type="checkbox"/> ALL DAY	<input type="checkbox"/> ALL DAY	<input type="checkbox"/> ALL DAY	<input type="checkbox"/> ALL DAY
<input type="checkbox"/> MORNING	<input type="checkbox"/> MORNING	<input type="checkbox"/> MORNING	<input type="checkbox"/> MORNING	<input type="checkbox"/> MORNING	<input type="checkbox"/> MORNING	<input type="checkbox"/> MORNING
<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> AFTERNOON
<input type="checkbox"/> EVENING	<input type="checkbox"/> EVENING	<input type="checkbox"/> EVENING	<input type="checkbox"/> EVENING	<input type="checkbox"/> EVENING	<input type="checkbox"/> EVENING	<input type="checkbox"/> EVENING

## 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, trainings, and instruction by HEP staff.
- I will take ideas, constructive comments, suggestions, and criticisms directly to the HEP Volunteer Specialist and agree to be supervised by the HEP Volunteer Specialist or designated supervisor as per my volunteer position description.
- If communication problems develop between staff and myself, as a volunteer, I will report these to the HEP Volunteer Specialist.
- I understand that as a volunteer with HEP, I may have access to confidential customer records or information. I will keep these records and information confidential according to state, local, and federal laws, and 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 15 years or under must be accompanied by a parent or guardian to volunteer with HEP.
- I grant HEP, its representatives, and staff the right to take photographs of me and authorize HEP its assigns and transferees to copyright, use, and publish the same in print and/or electronically. HEP may use such photographs of me with or without my name and for any lawful purpose.

## CONSENT, RELEASE and WAIVER OF LIABILITY

I understand that if I am injured while acting as an unpaid volunteer, I am not covered by Florida State Worker's Compensation Law. I relieve Homeless Empowerment Program (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. It is the responsibility of the volunteer to have an updated emergency contact filed with HEP and the Volunteer & Event Specialist.

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 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 Empowerment Program, 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 Empowerment Program 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.

## CONFIDENTIALITY AGREEMENT

The Homeless Empowerment Program 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 and volunteers are required to maintain such information in strict confidence. This policy benefits you, as an employee or volunteer, by protecting the interests of Homeless Empowerment Program 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 and volunteers shall diligently and honestly pursue the client's legitimate objectives. Objectives should be put in writing to avoid misunderstanding. No employee or volunteer shall put his/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, local, 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.

I acknowledge that I have carefully read this document and fully understand that this is a waiver and release of liability, and confidentiality agreement. I received a copy of this document and certify that I am at least 18 years old or have a parent/guardian signature below. I have read the above thoroughly before signing and had the ability to ask any questions pertaining to this document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature if under age 18

\_\_\_\_\_  
Date

Please turn in volunteer application to the HEP Volunteer Specialist **BEFORE** volunteering. Additional paperwork and training may be required.  
Edie Minton, HEP Volunteer Specialist | [EdieM@HEPempowers.org](mailto:EdieM@HEPempowers.org) | 727-442-9041 ext. 107