



## VOLUNTEER REGISTRATION PACKET

Dear Prospective Volunteer,

Thank you for your interest in becoming a volunteer with The Moms Help Organization. We want to make it as convenient as possible to join us on our mission to help improve the lives of mothers in need. Recognizing the high responsibility to those mothers we help and the very special people who work with our organization, we require that all of us (employees and volunteers) undergo background checks. The forms attached will provide the information we need and will enable us to contact you about volunteer opportunities. Thank you for considering the donation of your time, energy and support that will, undoubtedly, continue to allow us to help those mothers who need a little help. We would not be able to do what we do without the help from those who give their support to help us help others.

*"Volunteers aren't paid, not because they are worthless, but because they are priceless."*

*Anonymous*

Again, we thank you for your interest in becoming a volunteer with The Moms Help Organization. We will contact you soon regarding the possible volunteer opportunities.

The Moms Help Organization Volunteer Group

Below is a checklist and description of the forms that you must complete:

- Volunteer Enrollment Form (Page 2) – Please provide as much information as possible about your interests, preferences, and availability. Submit this completed form to The Moms Help Organization administrative offices.
- Background Investigation Authorization & Release Form (Page 3) – The Moms Help Organization policy requires that prospective volunteers and employees undergo a criminal background investigation. Please make sure that you complete and sign this form. No person can volunteer until a successful background check has been returned by the Florida Department of Corrections for the various counties and the State Driver's License bureaus for the respective state issued licenses for the volunteer applying. Submit this completed form to The Moms Help Organization administrative offices.
- Volunteer Release Form (Page 4) – All prospective volunteers must be interviewed and approved by The Moms Help Organization. Please complete the information on this form that pertains to you. You will be required to present an acceptable form of identification when you arrive to your volunteer assignment. Submit this form to The Moms Help Organization administrative offices.

Please submit these completed forms to The Moms Help Organization administrative offices:

The Moms Help Organization  
Volunteer Group Coordinator  
11471 West Sample Road #24  
Coral Springs, Florida 33065

# VOLUNTEER ENROLLMENT FORM

## Personal Information

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City, State Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### Area of Volunteer Interest:

- Office/Administration
- Special Event: \_\_\_\_\_
- Package Delivery (Baskets, Food, Gifts, etc.)
- Mommy Mentoring Program
- Afterschool Program  
 Subject Area of Interest: \_\_\_\_\_
- Other: \_\_\_\_\_  
(Please Specify Interest Area)

**Availability:** Morning (\_\_\_\_\_ to \_\_\_\_\_) **Day(s) Available** (Please check all that apply.) **# of hours per week**  
 M T W TH F S \_\_\_\_\_

Afternoon (\_\_\_\_\_ to \_\_\_\_\_) M T W TH F S \_\_\_\_\_ hours

### Volunteer Experience:

Please list any previous volunteer experience starting with your most recent experience listed first.

From Month/Year	To Month/Year	Location Company Name	Your Position	Supervisor/Volunteer Coordinator

Language(s) you speak other than English: \_\_\_\_\_

I am available to begin volunteering for The Moms Help Organization: \_\_\_\_\_  
(Date you can begin)

# BACKGROUND CHECK

## BACKGROUND INVESTIGATION AUTHORIZATION & RELEASE FORM

Please Print All Information

Position Applied for: Volunteer (unpaid)

_____
Volunteer #

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MM/DD/YYYY

Birth Place: \_\_\_\_\_ Sex:  Male  Female  
City State

Have you ever been convicted of any crime? **Yes** **No** If yes, please describe (include date and type of conviction). There is no need to report minor traffic violations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. I understand that I am **not** obligated to disclose sealed or expunged record of conviction or arrest.
2. The undersigned acknowledges and verifies that all information provided above is true and accurate and that I am the person named above.
3. The undersigned supplies this information to authorize and enable The Moms Help Organization to perform a background investigation, which may include, but is not limited to, a Criminal Conviction Information check and/or fingerprinting.
4. Information obtained through the background investigation will be used to determine whether volunteer service will be approved.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DO NOT WRITE BELOW THIS LINE

Name Check Required: Yes No Date Transmitted: \_\_\_\_\_

Name Check Clear: Yes No Date Results Returned: \_\_\_\_\_

Fingerprint Required: Yes No Date Printed: \_\_\_\_\_

Fingerprint Clear: Yes No Date Results Returned: \_\_\_\_\_

Verified By: \_\_\_\_\_ Denied Applicant Notified \_\_\_\_\_  
MHO Representative Date

Approved Volunteer Placement Area: \_\_\_\_\_

ALL ORIGINAL FORMS RETAINED BY THE MOMS HELP ORGANIZATION

# VOLUNTEER RELEASE FORM

**Volunteer Service Date(s):** \_\_\_\_\_

Please be advised that I would like to participate as a volunteer to provide support and assistance to The Moms Help Organization programs.

I assume full responsibility for my actions and authorize The Moms Help Organization to act on my behalf in the event of an emergency situation.

I hereby release The Moms Help Organization, its officers, members, employees, agents and volunteers from any liability or claims arising out of or in any way connected with my volunteer activities.

Volunteer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**X** \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Signature

## References:

Please provide two references (people unrelated to you who know you well, such as an employer, teacher, neighbor, or friend).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Emergency Contacts:

Please provide the name and phone number of two people that we can contact in case of an emergency.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Special Needs:

Please list any special needs you may have.

Medical Needs: \_\_\_\_\_

Other Needs: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**Identification presented by volunteer:** \_\_\_\_\_

**Successful background check returned**  Yes  No

**References contacted**  Yes  No

**Volunteer placement area:** \_\_\_\_\_

# VOLUNTEER CODE OF CONDUCT

*The Moms Help Organization thanks you in advance for respecting and understanding the need to have the following guidelines:*

**As a volunteer with The Moms Help Organization, your role and responsibilities are important.**

1. Your role with The Moms Help Organization is a supportive one. Comply with instructions given by The Moms Help Organization personnel and/or volunteer coordinator.
2. Moms Help Organization volunteers are representatives of the organization and will always have some sort of Moms Help Organization logo identifying them as a representative of the organization.
3. Maintain client confidentiality at all times. Do not discuss any client information with anyone except Moms Help Organization personnel.
4. Don't make any promises you can't deliver. Avoid giving advice or suggestions for clients and/or their children.
5. Use good judgment and avoid compromising situations. Work with other people at all times and avoid situations limited to only one other person. When working in a room, keep the door open.
6. Follow these volunteer guidelines. If you are having any difficulty with your volunteer assignment, contact The Moms Help Organization administrative offices immediately.
7. Report immediately to The Moms Help Organization administrative personnel any physically abusive or sexually exploitative behavior witnessed or experienced while on your volunteer assignment.

**Moms Help Organization Volunteers Are Expected to be Professionals**

1. Always be prompt and consistent with your attendance. The Moms Help Organization depends on assigned volunteers and schedules them accordingly.
2. Notify The Moms Help Organization as soon as possible if you are unable to report for your volunteer assignment.
3. Keep a constructive and positive attitude. Refrain from making negative comments about The Moms Help Organization, its personnel, staff, members, or other volunteers to other volunteers or individuals outside of the organization.
4. Maintain an accurate record of your attendance by signing in with the supervisor each day you volunteer.
5. NEVER be under the influence of drugs or alcohol while on your volunteer assignment. Do not smoke while on your volunteer assignment and performing as a Moms Help Organization volunteer.
6. Do not lend money or offer financial guidance to any Moms Help Organization clients.
7. Avoid improper Internet use and do not visit websites that would be deemed inappropriate and considered unprofessional and not conducive to work or research for the organization.

**Health and Safety is a Top Priority**

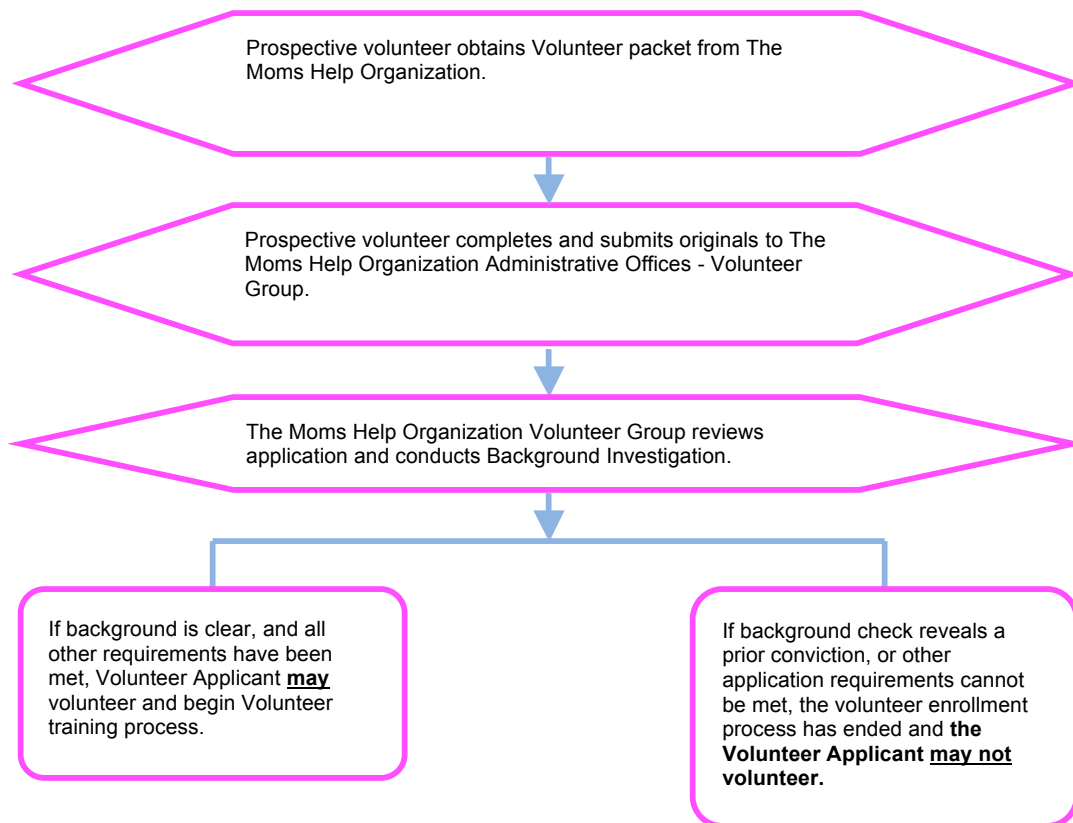
1. Contact a member of The Moms Help Organization immediately if there is an accident involving you or a client of The Moms Help Organization.
2. Refrain from attending or reporting for your volunteer assignment if you have, or have been exposed to, a communicable disease. Notify The Moms Help Organization to alter your scheduled assignment.
3. Remember to stay hydrated during outdoor events.
4. If there is a medical emergency, seek help immediately. Do not administer medical assistance.
5. Contact a member of The Moms Help Organization immediately if you begin to feel ill and are unable to continue to perform your scheduled duties.

I have read and understand the Volunteer Code of Conduct and I agree to comply with these guidelines.

\_\_\_\_\_  
Volunteer Signature

Date: \_\_\_\_\_

# HOW DO I BECOME A VOLUNTEER FOR THE MOMS HELP ORGANIZATION?



***If you have any questions regarding this packet, please contact the Volunteer Group at The Moms Help Organization administrative offices.  
11471 West Sample Road #24  
Coral Springs, Florida 33065  
678.632-HELP (4357)***

***Please remember that the Volunteer Applicant must complete all screening and training requirements before becoming a volunteer. The Moms Help Organization reserves the right to suspend your volunteer service and assignments for any reason.***