

Volunteer Application

Thank you for your interest in volunteering with the War on Poverty Florida, Inc. Our mission is to help revitalize minority communities across the state of Florida through education and empowerment.

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Office/Administration
 Special Events
 Street Team (flyer distribution)
 Facilitate financial education classes
 Community Board Member

How did you hear about the War on Poverty?

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience (list previous places you have volunteered along with duties).

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Agreement and Waiver

The undersigned (volunteer) hereby agrees to donate and offer his/her personal services and labor, free of charge, to ***the War on Poverty Florida, Inc. (WPF)***. Volunteer understands and agrees that they are not an employee of WPF and are not entitled to any wages and/or benefits associated with their services.

Volunteer further agrees to release and forever discharge ***WPF***, their directors, officers, employees, agents, volunteers, invitees, sponsors, cash donors, in-kind donors, and all other persons, of and from any and all actions, claims, and demands, known or unknown, which volunteer has or may have in the future arising out of volunteering for ***WPF***.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. The undersigned acknowledges that he/she has read this Release.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in volunteering with us.

