



SUSAN B ANTHONY RECOVERY CENTER
1633 Poinciana Drive – Pembroke Pines, FL 33025
Phone 954.733.6068 Fax 954.733.0766
www.susanbanthonycenter.org

NAME **DATE OF BIRTH** **SSN**
ADDRESS
PHONE **EMAIL**
EMERGENCY CONTACT NAME & PHONE

HAVE YOU EVER VOLUNTEERED AT SBARC? **NO** **YES, WHEN?**
HAVE YOU EVER RECEIVED SBA RC SERVICES? **NO** **YES, WHEN?**
HAVE YOU EVER BEEN CONVICTED OF A FELONY? **NO** **YES (PLEASE EXPLAIN)**

HOW DID YOU HEAR ABOUT VOLUNTEERING WITH SBARC? PLEASE CHECK ALL THAT APPLY

Friend/Family Member **Media/Newspaper/TV** **Web search/Internet**
 Drive by Building **Work, School, or Church** **United Way**
 Volunteer Match **Volunteer Broward**
 Other

COMPUTER SKILLS **MS OFFICE** **DATABASE** **OTHER**
COMMUNITY AFFILIATIONS
HOBBIES & INTERESTS
SKILLS & TRAINING

WHAT DO YOU FEEL IS YOUR GREATEST STRENGTH YOU CAN BRING TO SBARC AS A VOLUNTEER?

PLEASE LET US KNOW WHY YOU WOULD LIKE TO VOLUNTEER WITH SBARC?

EDUCATION **NAME & CITY, STATE** **DEGREE/MAJOR**
HIGH SCHOOL



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**COLLEGE/UNIVERSITY
TECHNICAL/OTHER**

PLEASE LIST TWO RECENT EMPLOYERS

COMPANY	ADDRESS
CONTACT PERSON	PHONE
DATE FROM	DATE TO
POSITION/DUTIES	

COMPANY	ADDRESS
CONTACT PERSON	PHONE
DATE FROM	DATE TO
POSITION/DUTIES	

PLEASE LIST MOST RECENT VOLUNTEER EXPERIENCE (IF POSSIBLE)

ORGANIZATION	ADDRESS
CONTACT PERSON	PHONE
DATE FROM	DATE TO
POSITION/DUTIES	

HAVE YOU EVER BEEN FIRED, ASKED TO RESIGN, SUSPENDED, OR RECEIVED WRITTEN DISCIPLINE AT ANY JOB OR VOLUNTEER EXPERIENCE? NO YES (PLEASE EXPLAIN)

I AM INTERESTED IN VOLUNTEERING IN THE FOLLOWING CAPACITIES:

- | | |
|--|---|
| <input type="checkbox"/> ADMINISTRATION | <input type="checkbox"/> OFFICE CLERICAL |
| <input type="checkbox"/> CRISIS LINE * <i>Credentialed</i> | <input type="checkbox"/> DONATION PICK-UPS |
| <input type="checkbox"/> EVENTS (Bowl- a-thon) | <input type="checkbox"/> FRONT DESK |
| <input type="checkbox"/> FUNDRAISING (PR, Grants, etc.) | <input type="checkbox"/> BUILDING MAINTAINCE (<i>gardening, painting</i>) |
| <input type="checkbox"/> BABYSITTING <i>over 18</i> | |
| <input type="checkbox"/> SUSAN B ANTHONY AUXILARY | |

PLEASE LIST THE TIMES ON THE DAY(S) YOU CAN VOLUNTEER



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MONDAY
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY
SATURDAY
SUNDAY

THE AGENCY AGREES TO:

- Establish expectations in writing.
- Train volunteers to a level that will permit them to begin their position confidently.
- Provide volunteers with working conditions equal to those of paid employees doing similar work, including space, equipment, and supplies.
- Make written evaluations of volunteer's performance on the job at suitable and regular intervals.

THE VOLUNTEER AGREES TO:

- Become thoroughly familiar with the Agency's policies and procedures, both written and verbal.
- Attend and successfully complete all required trainings, to remain active in their volunteer position.
- Be prompt and reliable in reporting for scheduled work, and to provide the Agency with an accurate record of hours worked by signing in or out entering or leaving. Please Note: For every two unscheduled absences within any two consecutive months, a meeting to discuss expectations and responsibilities will be held. Three unscheduled absences within any two consecutive months may result in volunteer's dismissal. An unscheduled absence is defined as any volunteer who does not show up to work and does not give any notice. This does not apply to those who call in.
- Volunteer must notify the supervisor assigned to them if unable to work as scheduled. This will be done as early as possible to permit reassigning another volunteer if necessary.
- Respect the function of the Agency's paid staff and contribute fully to maintaining a smooth working relationship between paid staff and volunteers.
- Consult with the direct supervisor before assuming any new responsibilities affecting the Agency.
- Accept the Agency's right to dismiss any volunteer for poor performance, including poor attendance.
- Exercise caution when acting on the Agency's behalf in any situation, and to protect the confidentiality of all information relating to the Agency.
- Understand and follow the appropriate channels of communication and grievance procedure.
- Distinguish clearly, in public; between statements and actions as an individual and as a representative of Susan B Anthony Recovery Center



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STATEMENT OF CONFIDENTIALITY

This is to certify that I have been advised of, and am familiar with the Florida Statutes of Confidentiality, Chapter 39 (39.908).

I am aware that it is against the law to release any information regarding any program participant without the signed consent of the participant. I am aware that this information is restricted not only during the length of my employment, volunteer time or visit, but throughout my lifetime. Any breach of this confidentiality can result in prosecution under the law.

I am aware that if at any time a question arises regarding the Confidentiality Laws, I may contact my supervisor or the staff of Susan B Anthony Recovery Center for clarification.

It is the policy of Susan B Anthony Recovery Center (SBARC) that all staff and volunteers shall report incidents and reasonable suspicion of abuse, neglect, or exploitation of a child, aged person, or physically impaired adult to the Florida Abuse Hotline (Department of Children and Families) on the statewide toll-free telephone number (1-800-96ABUSE). As required by Chapters 39 and 415, F.S., CFOP 215-6, SCI.K.2, this provision is binding upon both the contractor and its employees."

I understand that I must abide by the Florida law and regulations governing child care agencies if I volunteer at Susan B Anthony Recovery Center. The Florida law requires Susan B Anthony Recovery Center to obtain at least two personal references regarding my good moral character and checks for criminal records convictions with the Florida Department of Law Enforcement and local law enforcement authorities and for all information included in the Child Abuse Registry Information System. I hereby authorize Susan B Anthony Recovery Center to do so. I hereby release Susan B Anthony Recovery Center and its agents, officers and employees, from liability for any damages whatsoever incurred in obtaining all such information and references.

All information provided is complete and true. No information has been withheld which would affect my application unfavorably. Each of my former employers and all other persons having information concerning me are authorized to give this information to Susan B Anthony Recovery Center.

SIGNATURE

DATE

WITNESS SIGNATURE

DATE



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Volunteer Reference Form

Volunteer's Name
Reference Phone

Reference Name
Ref. Signature

How do you know this person and for how long?

Please rate the volunteer in these areas:

Communication & listening skills
Comments

Excellent		Good		Poor
1	2	3	4	5

Integrity
Comments

1	2	3	4	5
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People skills
Comments

1	2	3	4	5
---	---	---	---	---

Judgment
Comments

1	2	3	4	5
---	---	---	---	---

Dependability/attendance
Comments

1	2	3	4	5
---	---	---	---	---

Ability to remain calm during emotional or confusing situations
Comments

1	2	3	4	5
---	---	---	---	---

What strengths or weaknesses does this person volunteer have that might impact how he/she would perform as a volunteer?

Do you have any reservations recommending this person? If yes, please explain.

Other Comments:



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Reference Phone

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How do you know this person and for how long?

Please rate the volunteer in these areas:

Communication & listening skills
Comments

	Excellent		Good		Poor
1	2	3	4	5	5

Integrity
Comments

1	2	3	4	5	5
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People skills
Comments

1	2	3	4	5	5
----------	----------	----------	----------	----------	----------

Judgment
Comments

1	2	3	4	5	5
----------	----------	----------	----------	----------	----------

Dependability/attendance
Comments

1	2	3	4	5	5
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Ability to remain calm during emotional or confusing situations
Comments

1	2	3	4	5	5
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