

# Volunteer Application

7700 61<sup>st</sup> St. N Pinellas Park , FL 33781  
(727)544-6230 x 110 Fax (727)545-5575

*Inspiring girls to be strong, smart, and bold* <sup>SM</sup>



Girls Incorporated<sup>®</sup>  
of Pinellas

Date \_\_\_\_\_

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

Telephone \_\_\_\_\_  
Home Business Cell

Address \_\_\_\_\_  
Street City State Zip code

Email Address \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Do you have reliable transportation? \_\_\_Yes \_\_\_No

FL Drivers License No. \_\_\_\_\_ Are you at least 18? \_\_\_\_\_

Why would you like to Volunteer with Girls, Inc.? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Training/Skills \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work Experience: (attach resume if desired)**

**Paid** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Volunteer** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Age Groups With Whom You Would Like To Work:**

5-7 \_\_\_\_\_ 8-10 \_\_\_\_\_ 11-12 \_\_\_\_\_ 13-17 \_\_\_\_\_

**Which hours are you available for volunteer assignments? School year 2-6pm M+W 2-7:30pm**

**Summer 6:30am – 6:00pm**

Please indicate beginning and ending time available

	Monday	Tuesday	Wednesday	Thursday	Friday
Day					
Evening					

## Areas of Interest

Tell us in which areas you are interested in volunteering

- Administration/ Office Support
- Special Events
- Tutoring
- Fundraising
- Computers
- Science/Math/Technology/Engineering
- Arts & Crafts
- Music
- Landscaping
- Drama/ Dance

- Sports/Fitness
- Health/Nutrition
- Leadership/Entrepreneurship

Other interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical Limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_

## Agreement and Signature

**I have provided all information requested to the best of my knowledge. I have read, and I understand and agree to comply with the Girls Incorporated of Pinellas Volunteer Policies. I am aware that I will be contacted for a personal interview and additional training or goal setting sessions.**

\_\_\_\_\_  
Signature                      Date                      Parents signature (if under 18) Date

\_\_\_\_\_  
Staff                      Date

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, sex, sexual orientation, gender identity or expression, marital status, pregnancy, childbirth or related medical condition, national origin, citizenship, political belief, age, genetic information, sickle cell trait, disability, veteran status, or any other characteristic protected by law.

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

# Volunteer Contract for Girls Incorporated of Pinellas

- I will complete all documentation required by Girls Inc. of Pinellas that applies to volunteer service.
- I am committed to working within the Girls Inc of Pinellas guidelines to ensure service to the girls.
  - I will stay with a program Instructor at all times while on the premises.
  - I will not wander the halls or go off on my own.
  - I am here to assist all of the program staff.
  - I will complete the tasks assigned to me each day when not engaged in homework.
- I will consider the wellbeing and safety of the girls before all else.
- I will refrain from any discipline of the girls whatsoever.
  - It is not my job to discipline or redirect the girls.
  - I will not raise my voice, redirect the girls, nor act in the place of a program instructor.
  - I will not speak to the girls to resolve conflicts, or address their parents under any circumstances.
- I will not use my cell phone while at Girl's Inc
- I will not smoke, drink or bring illegal substances onto the premises.
- If contributing more than 10 hours of service per month, I will submit for a level II background screening before engaging in that service.
- If I fail to abide by any of the rules outlined above, I will no longer be allowed to volunteer for Girls Inc. Of Pinellas.

Volunteer Name (Printed): \_\_\_\_\_

Volunteer signature/Date: \_\_\_\_\_

Program Director Signature/Date: \_\_\_\_\_

# Volunteer Acknowledgement



I attest my name is \_\_\_\_\_ and  
(print volunteer/foster grandparent name)

serve in the child care program known as \_\_\_\_\_.

I serve as a (check one)

(print name of child care program)

\_\_\_\_\_ Volunteer – As a volunteer, I do not receive any form of payment or compensation such as money, free or reduced child care, or any other type of compensation for my time. I also understand that as a volunteer, I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. If I volunteer 10 hours or more per month, or receive some form of compensation, I understand that I must submit background screening information in accordance with section 402.3055, Florida Statutes, and complete the mandated training requirements.

\_\_\_\_\_ Foster Grandparent – As a foster grandparent, I adhere to all of the Foster Grandparent Program Guidelines pursuant to Title 45, Public Welfare, Code of Federal Regulations, section 2552.75. I also understand I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children and complete training as outlined in the rule 65C-22.003(1)(m) or rule 65C20.009(1)(a), Florida Administrative Code

I attest that I have read the foregoing, and the facts alleged are true and correct.

\_\_\_\_\_  
Volunteer/Foster Grandparent Signature

\_\_\_\_\_  
Date

## To Be Completed by the Owner/Operator/Director

I attest my name is \_\_\_\_\_, and I  
(print owner/operator/director name)

am the owner/operator/director of the child care program identified above.  
(circle one)

The above individual serves, under the above definition, as a volunteer/foster grandparent in this child care program. I attest that I have read the foregoing, and the facts alleged are true and correct.

—

\_\_\_\_\_  
Owner /Operator /Director Signature

\_\_\_\_\_  
Date

FC-0072 Required  
Form 12/13

# Code of conduct for Girls Incorporated of Pinellas

The essence of good ethical conduct and practice is summarized below:

- Consider the wellbeing and safety of the girls before all else.
- Develop an appropriate working relationship with other staff members based on mutual trust and respect, free of gossip, ridicule or judgment.
- Make sure all activities are appropriate to the age, ability and experience of those taking part.
- Promote positive play and communication.
- Display consistently high standards of behavior and appearance.
- Refrain from condoning rule violations, rough play, inappropriate language or the use of prohibited substances.
- Encourage the girls to value their efforts and not just results.
- Encourage and guide the girls to accept responsibility for their own actions and behavior.

Staff Name (Printed): \_\_\_\_\_

Staff Signature/ Date: \_\_\_\_\_

Program Director Signature/Date: \_\_\_\_\_