



GROUP VOLUNTEER APPLICATION

Thank you for selecting to volunteer with your group at Women In Distress! We are very appreciative that you have chosen our organization to benefit from your efforts. Below are guidelines that are in place to help outline the group project and roles/responsibilities, as well as protect the safety and confidentiality of our families, staff, volunteers, and visitors.

GUIDELINES

- Any supplies or food required for the activity must be supplied by the volunteer group.
- The maximum number of volunteers allowed on our campus at any time is 25.
- All volunteers must be 18 years of age (special circumstances may apply).
- No videotaping or photography is permitted.
- No religious ceremony, prayer, or messages of any kind can be done as a group or distributed on our campus.
- The full names of all volunteers must be provided no less than 3 full days before the activity takes place.

CONTACT INFORMATION

Name of Group: _____

Address: _____

Contact Person: _____

Phone: _____ Email: _____

Day-of contact (if differs from above): _____ Cell: _____

The day-of contact must be the first person to arrive for the activity and be available day-of via cell.

VOLUNTEER GROUP DETAILS

Type of Group: Business Community Religious Other: _____

Number of Volunteers _____ *Note: maximum of 25 volunteers at one time; all must be over age 18.*

Proposed date/time: 1st Choice: _____

Preferred days/times for activities are 2nd Choice: _____

Monday – Friday from 9am to 9pm. 3rd Choice: _____

WOMEN IN DISTRESS OF BROWARD COUNTY, Inc.

P.O. Box 50187 | Lighthouse Point, FL 33074

Phone 954.760.9800 ext. 1214 · Fax 954.247.2272 · CRISIS LINE 954.761.1133 · TTY/TDD 954.527.5383

volunteerdept@womenindistress.org · www.womenindistress.org



ACTIVITY DETAILS

This is the area where you indicate the type of activity your group is interested in doing.

- Facility Services:** power-washing, cleaning, painting, organizing, etc.
- Family Activities:** hosting a field day, cookie decorating, games, crafts, picnic or dinner, etc.
- Donation Drive:** assisting with organizing & packaging donations during agency drives (Back to School, Thanksgiving, Winter Holidays, Mother's Day, etc.)
- Most Needed:** area where help is most needed at the time (activity is suggested to your group for approval).

Please describe in detail the type of activity your group would like to organize: _____

AGREEMENT

By signing below, the group agrees to abide by the outlined policies and guidelines and understands and agrees that:

- a. Any supplies or food required for the activity must be supplied by the volunteer group.
- b. The maximum number of volunteers allowed on our campus at any time is 25.
- c. All volunteers must be 18 years of age (special circumstances may apply).
- d. No videotaping or photography is permitted.
- e. No religious ceremony, prayer, or messages of any kind can be done as a group or distributed on our campus.
- f. The full names of all volunteers must be provided no less than 3 full days before the activity takes place.
- g. WID reserves the right to void this contract at any time, and will provide email notice to group.

The group understands that nothing in this agreement or in any other document(s) may be construed to authorize the group or any of its employees, volunteers or representatives to act as an agent of WID.

Contact Name: _____ Signature: _____ Date: _____

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You may send completed forms via mail:

Volunteer Department

Women In Distress of Broward County, Inc.

P.O. Box 50187

Lighthouse Point, Florida 33074

You may also send completed forms via fax or email:

Fax: 954 – 247 – 2272

Email: volunteerdept@womenindistress.org

ADMIN USE ONLY

Notes:

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