

Volunteer Application



FLORIDA PROSPERITY PARTNERSHIP

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work 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

Previous Volunteer Experience

Summarize your previous volunteer experience.

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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.

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



Volunteer Participation Agreement

By signing this agreement, I am volunteering to perform services related to **The FPP Polk Financial Navigator program**.

I understand that I will be spending assigned days and times as a volunteer for the Financial Navigator program and will be participating at my own risk. I acknowledge that my participation is voluntary. I agree that my personal opinion regarding a volunteer client's financial choices is not to be shared or used to influence the volunteer client in any way. **FPP Polk Financial Navigators** are to provide information, options, and guidance. The volunteer customer is responsible for selecting a financial planning path and completing the steps needed to achieve their financial goal(s). Financial Navigators are only a resource and support system, no volunteer is ever permitted to give money to a customer or student at any time. I attest that I am physically and mentally fit and prepared for this event.

I will not create an unsafe situation for other individuals or myself nor will I use any tool or engage in any task with which I am not completely comfortable. I will abide by all applicable federal, state and local laws, as well as the rules and directions of the sponsors and coordinators. Any volunteer Financial Navigator found steering, pressuring, or sternly directing a customer/client decisions or will be removed from the program.

On behalf of myself, as well as my heirs, executors, administrators and assigns, I hereby forever release, discharge, waive and agree to indemnify and hold harmless Florida Prosperity Partnership, our **community partners**, and any additional sponsors of the Project, along with their respective officers, directors, agents, employees, contractors, successors and assigns, and any volunteers to whom I give my consent to provide medical treatment to me or to any children or young adults under my supervision, from and against any and all claims, demands, actions, causes of action, obligations, liabilities, suits, losses, damages, costs, expenses, and fees, including, without limitation, court costs and attorneys' fees, of any and every nature of character, including, without limitation, for death, personal injury and/or loss of property, whether anticipated or unanticipated, directly or indirectly arising out of or connected in any way with my participation in the Project.

PHOTO RELEASE , I hereby give, Florida Prosperity Partnership (FPP) and our community partner full and complete permission to use in legitimate promotions of the Project photographs, recordings (tape, film, interviews or otherwise) of me and quotations from me. I grant permission to edit such images and recordings for incorporations into all materials that are developed as a result of this program, including but not limited to printed reports, educational programs, Web sites, and broadcast. It is also understood that any such materials will be used with the highest integrity and discretion, with the intent to communicate responsibly and ethically, the subject matter contained therein.

Agreement and Signature (must be 18 or older to volunteer)

Name (printed)	
Signature	
Date	