



35801 SW 186 Avenue, Florida City, FL 33034  
Tel 305-245-7738 Fax 305-247-2619  
[www.centrocampesino.org](http://www.centrocampesino.org)

**VOLUNTEER FORM**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**SKILLS AND INTERESTS:** (Please attach your resume)

Education Background: \_\_\_\_\_

Language you speak or write: \_\_\_\_\_

Computer Skills: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

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

**IS THERE A PARTICULAR TYPE OF VOLUNTEER WORK THAT YOU ARE INTERESTED IN?**  
(Check all that apply)

- Working one-on-one with clients     Teaching Adults     Fund-Raising     Maintenance
- Working directly with a staff as an assistant     Helping in general administrative duties
- Working with children     Working with senior citizens     No preference
- Other: \_\_\_\_\_

**AVAILABILITY**

FLEXIBLE     WEEKDAYS     WEEKENDS     Other: \_\_\_\_\_

WHAT HOURS ARE YOU AVAILABLE? : \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

Agency Referral     Walk-In     Volunteer Referral     Other: \_\_\_\_\_

**REFERENCES:**

List name and phone number of two personal references

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**ASSUMPTION OF RISK AGREEMENT AND RELEASE**

I fully understand that by volunteering to assist Centro Campesino Farmworker Center, Inc. (herein referred to as CCFC) I am volunteering solely at my own risk.

I further acknowledge that CCFC will not be held liable for any damages arising from personal injuries sustained by me at the work site or traveling to and from my volunteer assignments for CCFC .

I further fully and forever release and discharge CCFC and its directors, employees, and agents from any and all claims, demands, damages, or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from arising out of such services.

I hereby attest that I have completely read and understand the forgoing Assumption of Risk Agreement and Release on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Volunteer Name

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Parent/ Guardian's Name

\_\_\_\_\_  
Parent/ Guardian's Signature



Thank you for your interest in Centro Campesino Farmworker Center (CCFC)'s work. We are delighted to have you as a member our team and as such we want you to be safe and to reach your potential.

During your time at CCFC you might have questions or concerns and we want you to reach out to your supervisor for clarification.

CCFC has a serious commitment to client confidentiality and therefore we ask you to carefully read and sign the following agreement:

### ***Confidentiality and Conduct Agreement for Volunteers***

As a volunteer for the Centro Campesino Farmworker Center, CCFC, I understand and agree to follow standards and rules regarding confidentiality and conduct. In order to work at CCFC' office, I commit myself to the following:

- I will complete all training required for CCFC volunteers. In addition, I will attend all mandatory volunteer meetings and additional trainings.
- I understand that I have to dress in business casual attire (no flip-flops, shorts low cut blouses or tank tops)
- I agree to never reveal the content of a telephone call, a conversation with a client, another volunteer or a staff member, or electronic communication between any of these parties, to anyone outside of CCFC. I understand that as part of my work I may be privy to personal information of clients, which may not be shared.
- I understand that CCFC is authorized to obtain confidential documents from clients and that they may only be used for the purpose authorized by the client.
- I agree to never reveal information contained in clients' files.
- I agree to never reveal the names of those who attend CCFC presentations, events, workshops, or classes.
- I agree to distribute only information/material approved by CCFC or programs held by the organization.
- I agree never to reveal personal information of any client to another organization without the express permission of the manager of the department I am working/volunteering in.

\_\_\_\_\_  
Volunteer Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date