



Official Use Only: _____ Contact Date _____ Respond Date _____ Volunteer Manual

Volunteer Information Form

Today's Date: _____

Please answer all questions:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Email Address: _____

Occupation: _____ Employer/School: _____

Emergency Contact & Phone: _____

1. How did you hear about the Mothers' Milk Bank of Florida?
2. What do you hope to learn or gain from your experience with the milk bank?
3. What special talents, hobbies, school activities or interests do you have that might be beneficial to your volunteering?
4. Where have you volunteered in the past?
5. Are your volunteer hours required?

School Credit/Community Service: _____ Hours: _____

Court Ordered Community Service: _____ Hours: _____

Other: _____

Ongoing Volunteer Opportunities

Please check which volunteer opportunities you are interested in.

____ Degloving: Working in our degloving lab to prepare milk to be thawed and pasteurized

____ Bottling: Using equipment to fill bottles with milk, using a heat sealer on lids, and testing bottles to ensure milk safety

____ Office collating: Creating donor packets for screening and shipping, preparing shipping materials

Occasional/Special Event Opportunities

____ Public Relations/Marketing: Writing and graphic design skills

____ Outreach: Staff a booth at community festivals or health fairs: present the milk bank's needs to interested organizations

____ Computer/Network Support: updating webpage

Please write your available hours

Weekly: _____ Biweekly: _____ Monthly: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Thank you for sharing your time and experience.



Volunteer Confidentiality Agreement

The Mothers' Milk Bank of Florida maintains files on both donors and recipients that contain personal and medical information of a private nature. In your work as a volunteer or student you will have access to these files. In order to protect the privacy of our donors and recipients, we ask that you not discuss outside of the milk bank office the names or any identifying characteristics of our donors and recipients as well as any information contained in the files.

I agree to maintain the confidentiality of the Mothers' Milk Bank of Florida donors and recipients.

Signature: _____ Date: _____

Print Name: _____

Mothers' Milk Bank of Florida
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407-248-5050