



DEAR MDK VOLUNTEER,

THANK YOU FOR YOUR INTEREST IN PARTICIPATING AS A VOLUNTEER WITH MY DAUGHTER'S KEEPER OF TAMPA BAY, INC. "MDK" OF TAMPA BAY, INC., A 501(C)(3) EDUCATIONAL AND SELF-DEVELOPMENT NOT-FOR-PROFIT ORGANIZATION, WAS ESTABLISHED IN 2007 TO PROVIDE YOUNG GIRLS (AGES 12-18) AND THEIR MOTHERS/CAREGIVERS YEAR ROUND SUPPORT AND NETWORKING THAT ADDRESSES THE GENDER SPECIFIC ISSUES THAT GIRLS AND YOUNG WOMEN ENCOUNTER DURING THEIR ADOLESCENCE, TWEEN AND TEEN YEARS. MDK'S PROGRAMS ARE DESIGNED TO INCREASE SOCIAL AWARENESS AND PROMOTE CHANGE AMONG IMPORTANT ISSUES FACING GIRLS AND YOUNG WOMEN IN TODAY'S SOCIETY SUCH AS: COMMUNICATING WITH PARENTS AND ADULTS, PEER PRESSURE, PERSONAL HEALTH, TEEN PREGNANCY, SELF-ESTEEM, SUBSTANCE & ALCOHOL ABUSE, DATING, ETC. OUR PROGRAMS FOCUS ON THE YOUNG LADIES' STRENGTHS AND ABILITIES, TO STAND UP AND FACE THE CHALLENGES THEY MAY ENCOUNTER AND TO FIND THE POWER WITHIN THEMSELVES TO OVERCOME THEIR ADVERSITIES AND AVOID AT-RISK ACTIVITIES.

MDK WORK TO ENCOURAGE AND EMPOWER MOTHERS/CAREGIVERS TO ACCEPT AND TAKE RESPONSIBILITY FOR RAISING THEIR DAUGHTER'S TO BECOME PRODUCTIVE, CONFIDENT, AND SELF-RESPECTING YOUNG LADIES. OUR GOAL IS TO HELP DEVELOP AND EQUIP THE YOUNG LADIES WITH THE PROPER SKILLS NEEDED TO PREPARE THEM TO PURSUE THEIR DREAMS AND GOALS. ULTIMATELY, THEY WILL TAKE AND USE WHAT HAS BEEN INSTILLED INTO THEM TO MAKE A POSITIVE IMPACT IN THEIR COMMUNITIES AND SOCIETY AT LARGE.

PLEASE TAKE A MOMENT TO COMPLETE THE ATTACHED VOLUNTEER FORMS AND FORWARD THEM BACK TO US. UPON RECEIVING YOUR COMPLETED FORMS, YOU WILL BE NOTIFIED OF THE VOLUNTEER ORIENTATION SESSION WITH MDK STAFF.

ONCE AGAIN, THANK YOU FOR YOUR SUPPORT OF MY DAUGHTER'S KEEPER OF TAMPA BAY, INC. IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT US AT (727)422-6827 OR EMAIL US AT [WWW.MDKTAMPABAY.ORG](http://WWW.MDKTAMPABAY.ORG)

WARMEST REGARDS,

DONNA A. WELCH  
PRESIDENT/EXECUTIVE DIRECTOR

ATTACHMENTS  
-APPLICATION  
- PHOTO RELEASE

# Volunteer Application Form

(Please Print)



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

Position of Interest: \_\_\_\_\_

Last Name	First Name	Middle Initial	Maiden Name
Address			
City		State	Zip Code
How long at above address?	How long have you lived in Florida?	How were you referred to MDK of Tampa Bay, Inc.?	
Previous Address: (If you have moved within the past 3 years)			
City		State	Zip Code
Home Phone		Work Phone	
Email Address		Cell Phone	
Driver's License Number & Expiration Date (Include State Issued)		Social Security Number	Date of Birth
Please indicate the highest level of education completed		Do you have any additional training?	

### EMPLOYMENT HISTORY

Dates	Employer	Position	Skills & Experience

### REFERENCES

Name	Address	Phone Number

### EMERGENCY CONTACT INFORMATION (Please list two options)

Name	Address	Phone Number

Please select specific areas of interest or experience:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Administrative        | <input type="checkbox"/> Grant Development          | <input type="checkbox"/> Prayer/Spiritual Enrichment | <input type="checkbox"/> Volunteer Service    |
| <input type="checkbox"/> Career Development    | <input type="checkbox"/> Marketing/Public Relations | <input type="checkbox"/> Program Development         | <input type="checkbox"/> Workshop Development |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Mentoring                  | <input type="checkbox"/> Special Events              | <input type="checkbox"/> Youth Services       |
| <input type="checkbox"/> Community Service     | <input type="checkbox"/> Music/Drama                | <input type="checkbox"/> Training                    | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Fundraising           | <input type="checkbox"/> Newsletter                 | <input type="checkbox"/> Tutoring/Education          |   |

*The following information will be kept confidential*

Other than a minor traffic violation, have you ever been arrested or convicted of any crime?

No  Yes If yes, briefly explain:

Are you or have you ever been the subject of a child abuse or mistreatment case, or been penalized for mistreatment of a child?

No  Yes If yes, briefly explain:

Please describe the experience, skills, talents or qualities that make you a good candidate for this program (Include previous volunteer experience)

What concerns do you have regarding being a volunteer?

What do you hope to accomplish in being a volunteer?

Please provide a statement of faith.

Please indicate your preferred level of participation:

Short-term  Long-term  Internship  Project

Please indicate you availability:

Weekdays  Evenings  Saturdays  Project Only  
M/T/W/Th/F M/T/W/Th/F AM/PM

Are you willing to faithfully commit a minimum of twelve months to this program?

Yes  No If no, how much time are you willing to commit?

If seeking hands on opportunity, with which age group do you prefer to work?

Elementary  Middle  High School

Please indicate your shirt size

Small  Medium  Large  X-Large  2X-Large  Other

Are you willing to pay a \$20 administrative fee to help offset the cost of a criminal background check and liability insurance?

Yes  No

I understand that as a part of the volunteer verification and matching process, additional personal information may be required of me through an interview with My Daughter's Keeper of Tampa Bay, Inc. professional staff. I certify that my statements in this application are true, complete and correct to the best of my knowledge and belief. I hereby authorize My Daughter's Keeper of Tampa Bay, Inc to contact my references listed and to conduct whatever investigation and background checks are necessary to determine if I will be an approved volunteer. I also hereby authorize My Daughter's Keeper of Tampa Bay, Inc., without limitation, to copy, publish, exhibit or distribute photographs or video tapes of my volunteer activities for the purpose of promoting volunteerism. I release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless My Daughter's Keeper of Tampa Bay, Inc. and the officers, employees and volunteer thereof.

Signature: \_\_\_\_\_

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

Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_ Ref: \_\_\_\_\_ O/L D/B: \_\_\_\_\_ Act D/B: \_\_\_\_\_



## Photo Release Form – Adult

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I hereby grant permission to use photographs or to be photographed, voluntarily and without compensation, in print or online materials designed for news, informational or educational purposes related to **My Daughter's Keeper of Tampa Bay, Inc** understanding that the same is intended for publication by print media, newspaper or video.

I additionally consent to the use of my name in connection with the publication by print media, newspaper, video, or of photographs taken of me.

I hereby release and discharge **My Daughter's Keeper of Tampa Bay, Inc.** from any and all claims arising out of the use of the photos, or any right that I or the minor may have.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Street or Mailing Address

\_\_\_\_\_  
Telephone Number

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Photo Release Form – Minor

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I hereby grant permission to use photographs of my minor child in print or online materials designed for news, informational or educational purposes related to **My Daughter's Keeper of Tampa Bay, Inc.** voluntarily and without compensation.

I additionally consent to the use of my child's name in connection with the publication by print media, newspaper, and video or of photographs taken of him /her.

\_\_\_\_\_  
Child's First Name

\_\_\_\_\_  
Child's Last Name

\_\_\_\_\_  
Parent/Guardian First Name

\_\_\_\_\_  
Parent/Guardian Last Name

\_\_\_\_\_  
Street or Mailing Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date