

## **VOLUNTEER OPPORTUNITIES**

ROOF is dependent on a dedicated team of volunteers who provide support in many ways, including:

- Office work
- Public speaking
- Peer-to-Peer support
- Board service
- Advisory Council service
- Committee or work group service
- Internet research
- Social media updates
- Website updates
- Graphic design

### **Volunteer Leadership at ROOF**

Some of our volunteers serve as leaders within the organization on our Board of Directors. Other leaders serve on committees of the Board. We are always looking for new committee members that will help lead our organization. Our list of committees and work groups includes:

- Advocacy Work Group
- Data Collection Work Group
- Event Planning Committee
- Finance Committee
- Fundraising Committee
- Housing Information Work Group
- Marketing Committee
- Networking Work Group

### **Some of the other examples of volunteer opportunities include:**

**Office work** - Filing, making phone calls, data entry, photocopying, errands, mailings, grant research, office cleaning and restocking, etc.

**Professional Services** – attorney (review and/or prepare documents), IT services, graphic design, printing, real estate, human resources, public relations, grant writing, etc.

**Fundraising & Marketing** – prepare mailings or thank you cards, event organization/preparation, event set up and tear down, event registration, public speaking, write press releases, obtain auction items, photography, videography, website updates, blogging (on ROOF website and/or social media pages), write or edit articles for ROOF newsletter, campaigns and educational outreach, update display boards, pass out leaflets at colleges, fairs, and festivals, postering, stock leaflets at restaurants and businesses, host a social event, such as a film showing, cocktail party or volunteer appreciation event, etc.

### **Junior Volunteers**

Children can be taught at a young age to give back to their community through service to others, and therefore, ROOF offers volunteer opportunities to children at any age, as long as they can effectively participate in a meaningful volunteer opportunity. Children under the age of 16 must be accompanied by a parent or other responsible adult at all times while volunteering at ROOF. With written authorization from their parents or guardians, children 16 years and older can participate as volunteers with ROOF under the supervision of ROOF staff members.

### **ROOF Volunteer Orientation Training:**

The ROOF Volunteer Handbook is distributed during New Volunteer Orientation. This introductory training session provides new volunteers with an introduction to ROOF. It includes an overview of the organization, a description of volunteer opportunities and a review of volunteer guidelines.



Residential Options of Florida, Inc.  
2640 Golden Gate Pkwy., Ste. 112-A, Naples, FL 34105  
Phone: (239) 774-ROOF (7663)  
E-mail: [info@froof.org](mailto:info@froof.org)  
Web: [www.froof.org](http://www.froof.org)

### VOLUNTEER APPLICATION

Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

(City) (State) (Zip Code)

Day time Phone: \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Location and date of birth: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you previously volunteered with other local programs: \_\_\_Yes \_\_\_No

If yes, where? \_\_\_\_\_

Presently Employed? \_\_\_Yes \_\_\_No

If yes, where? \_\_\_\_\_

List three references (not related to you) who have known you for five years or more.

1. Name: \_\_\_\_\_ Day time phone: \_\_\_\_\_

Address \_\_\_\_\_

2. Name: \_\_\_\_\_ Day time phone: \_\_\_\_\_

Address \_\_\_\_\_

3. Name: \_\_\_\_\_ Day time phone: \_\_\_\_\_

Address \_\_\_\_\_

Have you ever been convicted of a FELONY or MISDEMEANOR? \_\_\_Yes \_\_\_No

If yes, please explain: \_\_\_\_\_

Date available to begin volunteering: \_\_\_\_\_

Please indicate your approximate days and hours when you will be available:

MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THURS \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_

#Hours per week \_\_\_\_\_

Special skills, hobbies, languages, professional licenses, certifications, etc. \_\_\_\_\_

*FOR OFFICE USE ONLY:*

Date of Interview: \_\_\_\_\_ ID Provided: \_\_\_\_\_



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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT AND RELEASE OF RECORDS

In the event emergency medical treatment is required due to illness and/or injury while on ROOF property or while participating in ROOF-sponsored activities, I authorize RESIDENTIAL OPTIONS OF FLORIDA, INC., and its agents/representatives to:

- 1. Secure and retain medical treatment and transportation, if needed
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment

Form with fields for Name, Date of Birth, Primary Phone #, Secondary Phone #, Street Address, City, State, Zip, Social Security Number, Physician's Name, Physician's Phone #, Insurance Company, Insurance Phone #, Policy #, and Group#.

Current medical condition(s) requiring special precautions, treatment and/or medications (attach additional pages if necessary):

Condition(s): Medication/Dosage:

Emergency Contact Information: (Person to be notified in the event of an emergency and who is authorized to give temporary assistance or care in the absence of parent or guardian)

Name: Relationship:

Home Phone

Cell Phone

Work Phone

CONSENT PLAN: (Circle One) I DO / I DO NOT consent to emergency medical treatment. This authorization includes x-ray, hospitalization, medication, and any treatment procedure deemed "life-saving" by the licensed physician on duty. This provision will be invoked if the emergency contact is unable to be reached and the person listed above is unable to make decisions for him/herself. If you DO NOT consent to emergency medical treatment, please indicate the procedures you wish to have followed in the event of an emergency:

IN WITNESS WHEREOF, the undersigned executes this authorization and release

this day of , 20.

Note: Signature of Parent/Guardian is REQUIRED if Constituent is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.

Adult/Parent/Guardian Name (Print)

Adult/Parent/Guardian Signature

Witness Name (Print)

Witness Signature



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## **LIABILITY RELEASE & HOLD HARMLESS AGREEMENT**

KNOW ALL MEN BY THESE PRESENT: That \_\_\_\_\_, who is known to RESIDENTIAL OPTIONS OF FLORIDA, INC. ("ROOF") as a visitor, volunteer, client, employee or guest, (hereinafter referred to as "Constituent"), for and in consideration of participation in any ROOF programs and presence on any ROOF property and for other good and valuable consideration in hand received by Constituent, the receipt and adequacy of which are hereby acknowledged, does hereby RELEASE AND HOLD HARMLESS, Residential Options of Florida, Inc., a Florida nonprofit corporation, and its successors and /or assigns, agents, principals, representatives and employees, (hereinafter collectively referred to as "ROOF") of and from all manner of action(s), cause(s) of action, suits, controversies, agreements, promises, damages, judgments, executions, claims and demands whatsoever, in law or in equity, which Constituent has or may have in the future from the signing of this release until the end of such Constituent's participation in a ROOF program or presence on ROOF property, and any claim past, present or future which any personal representative, successor, heir or assignee of said party hereafter can, shall or may have against ROOF for, upon or by reason of any matter, cause or thing whatsoever, from the time of Constituent participation in any ROOF program or being present on any ROOF property until such time as Constituent is not participating in any ROOF program or from a date forward that such Constituent is not present on any ROOF property, such release and hold harmless of ROOF specifically includes, but not by way of limitation, the following:

- 1) Any and all rights or claims arising from, relating to, or in any way connected with the death or injury of any person participating in any activity sponsored by ROOF or death or injury of person occurring on ROOF property or claim for damage to any Constituent's personal property brought upon any ROOF property by Constituent.
- 2) Constituent grants ROOF the right and authority to perform a background check on Constituent in advance of Constituent's participation in any ROOF activity or presence on ROOF property and ROOF may make future checks on background from time to time during the Constituent's involvement in any ROOF program or presence on ROOF property. Constituent releases ROOF from any claim, cause of action or damages based upon ROOF's authorized background check(s).
- 3) Any and all rights or claims arising from, relating to or in any way connected with the death or injury of a Constituent who takes transport in any ROOF agent vehicle as part of a sponsored ROOF program occurring outside of the ROOF property.

This Release further incorporates the immunity to volunteers of not-for-profit organizations who are acting within the scope of their responsibilities and who do not cause harm willfully or with wanton disregard for safety.

IN WITNESS WHEREOF, the undersigned executes this release

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Note: Signature of Parent/Guardian is REQUIRED if Constituent is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.**

\_\_\_\_\_  
Adult/Parent/Guardian Name (Print)

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

\_\_\_\_\_  
Witness Name (Print)

\_\_\_\_\_  
Witness Signature



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**PHOTO AND NAME RELEASE**

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant(s) Residential Options of Florida, Inc., a Florida nonprofit corporation, and its successors and /or assigns, agents, principals, representatives, employees and all persons acting under their permission and authority, (hereinafter collectively referred to as "ROOF") the following permission:

**Photo Release:**

\_\_\_\_\_ The undersigned hereby grant(s) ROOF to take or have taken, still and moving photographs, voice, or video tapes, and films, including television pictures ("Images") of \_\_\_\_\_ (print full name) and consents and authorizes ROOF, its advertising agents, news media, and any other persons interested in ROOF and its work, to the use and reproduction of the Images without limit, the generality of the foregoing newspapers, television media, social media, website, brochures, pamphlets, instructional materials, books and clinical material. I understand that these Images will be used for an indefinite period of time. I understand that some of these Images may be used in conjunction with fundraising and promotional efforts and may be reproduced in many mediums, including but not limited to calendars, posters, t-shirts, ornaments and other specialty items. I hereby release and discharge ROOF from any liability regarding the use or misuse of the Images and any other reproduction of the Images covered by this form. I hereby waive any right to inspect and/or approve any utilization or publication of the Images prior to their use by ROOF.

\_\_\_\_\_ The undersigned choose(s) not to grant permission for the use of photographic images.

**Name Release:**

\_\_\_\_\_ The undersigned hereby grant(s) ROOF to use \_\_\_\_\_ 's (print full name) full name ("Name") and consents and authorizes ROOF, its advertising agents, news media, and any other persons interested in ROOF, and its work, the use of her/his name with photographs, films and pictures without limit, the generality of the foregoing newspapers, television media, social media, website, brochures, pamphlets, instructional materials, books and clinical material.

\_\_\_\_\_ The undersigned choose(s) not to grant permission for the use of the aforementioned name.

With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of ROOF to use the aforementioned Images and Name for the primary purpose of promotion and aiding its program and/or its work. I understand that no one will receive any compensation for this release or the use of the aforementioned Images or Name.

IN WITNESS WHEREOF, the undersigned executes this release

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Note: Signature of Parent/Guardian is REQUIRED if Constituent is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.**

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Adult/Parent/Guardian Name (Print)

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Adult/Parent/Guardian Signature

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Witness Name (Print)

\_\_\_\_\_  
Witness Signature