



PALM BEACH HABILITATION CENTER, INC.

*Providing Employment, Job Placement, Residential and Senior Activities since 1959
for Individuals with Mental, Emotional and Physical Disabilities.*

Dear Volunteer:

The Palm Beach Habilitation Center deeply appreciates your willingness to assist us in providing programs, training and resources for the people with disabilities we serve. Your generous donation of time is invaluable to our efforts.

Due to the high cost of insurance, we are unable to provide you with coverage caused from any accidental happening during your volunteer hours and ask that you consider this personal liability before accepting any volunteer responsibilities. We are sorry that we cannot provide this coverage, but the cost would be prohibitive.

Please sign the bottom of this form after carefully reading the "Statement of Non-Insurance" and give it to the person responsible for your volunteer hours.

Thank you for your generous contribution of your time and talents on behalf on the disabled.

STATEMENT OF NON-INSURANCE

I, _____, understand that the Palm Beach Habilitation Center, Inc., does not carry insurance that would cover any accidental occurrence which may cause harm to my person or property while providing volunteer assistance at any of the programs or services operated by the Palm Beach Habilitation Center, Inc..

Volunteer Signature

PBHC Volunteer Location

Tina Philips, President / Executive Director
4522 South Congress Avenue, Lake Worth, Florida 33461

ADM010

Tina Philips, President / CEO
4522 South Congress Avenue, Lake Worth, Florida 33461-4709
Phone (561) 965-8500 • Fax (561) 433-8816
E-mail: postman@pbhab.com
Website: www.PBHAB.org

VOLUNTEER APPLICATION

Last Name _____ First _____ Birth Date _____

Home Address _____

City _____ St _____ Zip _____

Phone _____ Fax _____ Email _____

Business _____

Bus. Ph. _____ Ext. _____ Fax _____ Email _____

In case of emergency contact: _____

Relationship _____ Phone _____

Physician's name _____ Phone _____

How did you hear about PBHC? _____

Previous volunteer experience _____

Education or special training _____

Business Experience _____

Do you have experience working with people who are developmentally, physically and /or emotionally disabled? _____ Please describe _____

Time you are available for volunteering:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

I have reviewed the list of volunteer opportunities and would like to volunteer at:

I understand my first 6 weeks of service will be considered a probationary period. I also understand that my services will not be compensated.

Volunteer Signature

Date