**Volunteer Application – The Big Latch On Event**

**Volunteer Information**

|  |  |
| --- | --- |
| Name |  |
| Home Phone |  |
| Organization |  |
| Cell Phone |  |
| E-Mail Address |  |
| Explain if you have had any prior safety education experience. |  |
| Will you need community service hours? |  |

**Person to Notify in Case of Emergency**

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City, ST, ZIP Code |  |
| Home Phone |  |
| Cell Phone |  |
| E-Mail Address |  |

**Agreement and Signature**

**I agree to participate in the Big Latch On event, to report on time and remain at the event the agreed upon length of time.**

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |
| Authorized Representative (for minor) |  |

**Thank you for completing this application form and for your interest in volunteering with us.**

**For more information contact
The Florida West Coast Breastfeeding Task Force**

**flwcbreastfeeding@gmail.com**