

## Family Care Council of Florida

1. Contact information:
  - a. Contact person: **Brian Rothey**
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  - e. Address: **1313 North Tampa Street, Tampa, FL 33602**
  
2. Does your organization have 501(c)(3) Status? **Yes**
  
3. What social issue(s) may students address through community service work at your organization?  
**Education, advocacy, and empowerment for individuals with developmental disabilities and their families.**
  
4. Do you have an age/grade requirement for volunteers? **No**
  
5. What are some typical activities that students might perform if they complete community service hours with your organization? **1. Assistance with community-related events: set up, registration tables, assist families with locating respective informational handouts/representatives. 2. Attend bi-monthly meetings: assist with set-up, taking minutes, technical support (computer-related, skype, etc.). 3. Buddy / partner with individuals throughout Pinellas County with developmental disabilities.**
  
6. When can students volunteer at your organization?
  - a. Days of the week? **4th Friday of every other month; 2-3 community events per year.**
  
  - b. Typical number of hours per week available/required? **Not weekly**
  - c. Times they may volunteer? **10:00am – 12:00pm – bi-monthly meetings; 5:00pm – 9:00pm community resource events.**
  - d. Do you have students volunteer during the summer months? **Yes**
  - e. Do you only offer community service hours during the summer? **No**
  
7. Please briefly list any additional information that students may need to know about your organization if they are considering you as a community service agency: **The Council prides itself on offering education and resources to families of and individuals with developmental disabilities. Almost all of our meetings and events have a fun/social aspect to them, where the individuals that we serve are fully integrated with their non-disabled peers.**