

Speak for Those Who Cannot Programs, Inc. - SPEAK

Volunteer Application



Name _____

Address _____

Phone# _____

Alt.# _____

Email _____

Work Experience (Leave blank if it does not apply to you)

Employer: _____

Position Title and Brief Description of Duties: _____

Dates: _____

Reason for Leaving: _____

Reference contact information: _____

Employer: _____

Position Title and Brief Description of Duties: _____

Dates: _____

Reason for Leaving: _____

Reference contact information: _____

Are you volunteering as part of a SPEAK or School Internship Program? ____ Yes ____ No

Education

School	Area of Study	Degree	Dates

Skills and Experience (Give examples when applicable)

Computer _____

Writing _____

Speaking _____

Bulk Mailing _____

Event Planning _____

Fundraising _____

Grant Writing _____

Multi-media _____

Other _____

Other _____

List any hobbies or activities you enjoy: _____

Spiritual

Church Currently Attending: _____

How long? _____

Pastor's Name: _____ Phone: _____

Involvement in church: _____

Do you consider yourself a Christian? _____ Yes _____ No

What does it mean to be a Christian? _____

Please list your Spiritual Gifts: _____

Miscellaneous

Why do you want to volunteer at SPEAK? _____

I would like to enroll in a SPEAK Internship Program to acquire more skills _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No Explain _____

I understand that volunteering with youth at SPEAK will require a criminal back ground check before starting that position. _____ Yes _____ No

Do you have:

a driver's license? _____ Yes _____ No?

Car Insurance? _____ Yes _____ No

Car available for transporting others? _____ Yes _____ No

REFERENCES: Please list three people who know you well and can attest to your character, skills and dependability. Include your current or last employer.

Name/Organization	Relationship to You	Phone	Length of relationship
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1.

2.

3.

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with SPEAK, that is true, correct and complete to the best

of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have

not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by SPEAK. I understand

that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with SPEAK or my termination as a volunteer.

Signature _____ Date _____

Please return this application to Toni Watkins or Ada Newby. Email: Volunteers@Speak4TWC.org or

Mail to: Toni Watkins - 201 Hawthorne Drive, Wilmington, DE 19802