

## **Volunteer Application**

Name				
Address				
Phone#				
Alt.#				
Email				
Work Experience (Leav	e blank if it does no	t apply to you)		
Employer:				
Position:				
Phone:				
Employer:				
Position:				
Phone:				
Are you volunteering as part of	of a SPEAK or School Intern	nship 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:	
Church Currently Attending:	
How long?	
Pastor's Name: Phone:	
Involvement in church:	
Do you consider yourself a Christian? YesNo	
What does it mean to be a Christian?	
Please list your Spiritual Gifts:	

## Miscellaneous

Why do you want to volur	iteer at SPEAK?				
I would like to enroll in a S	PEAK Internship Pro	gram to ac	quire more skills _	Yes	No
Have you ever been convi	cted of a crime?	_Yes _	No Ex	plain	
I understand that volunted positionYes	•	PEAK will r	equire a criminal	back ground che	ck before starting that
Do you have: a driver's lic	ense? Yes	N	lo?		
Car Insurance?	YesNo	1			
Car available for transport	ing others?	_Yes	No		
REFERENCES: Please list th	nree people who kno	w you well	and can attest to	your character,	skills and
dependability. Include yo	ur current or last em	ployer.			
Name/Organization	Relationship to	o You	Phone	Length of	relationship
1.					
2.					
3.					
Please read the following	carefully before sign	ning this a	oplication:		
I understand that this is a	n application for and	not a com	mitment or promi	ise of volunteer o	opportunity.
I certify that I have and wi	ll provide informatio	n througho	out the selection p	process, including	g on this application
for a volunteer position ar	nd in interviews with	SPEAK tha	t is true, correct a	ind complete to	the best
of my knowledge. I certify	/ that I have and will	answer all	questions to the l	best of my ability	y 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