

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