

Early Start Development Volunteer Application

Individuals seeking internship or fellowship should also complete this form.



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
School or University Name/Classification	
Cell Phone	
Email Address	
Driver's License # State/Expiration Date	
Current Employer	
Employer Address	
Employer Phone #	
How long worked at present employer	
Job Title	

Availability

During which hours are you available for volunteer assignments?

Are you interested in a virtual volunteer position or a face-to-face position?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Curriculum Development	<input type="checkbox"/> Webinars
<input type="checkbox"/> Event Planning	<input type="checkbox"/> Teleconferencing
<input type="checkbox"/> Grant Writing	<input type="checkbox"/> PEARLS Mentoring
<input type="checkbox"/> Fundraising	<input type="checkbox"/> ONYX Mentoring
<input type="checkbox"/> Facilitating Workshops	<input type="checkbox"/> Entrepreneur Institute
<input type="checkbox"/> Publications/Writing	<input type="checkbox"/> Quill & Scroll
<input type="checkbox"/> Research	<input type="checkbox"/> Outreach
<input type="checkbox"/> Volunteer coordination	<input type="checkbox"/> Volunteer Training
<input type="checkbox"/> In-Kind Donations	<input type="checkbox"/> Administrative
<input type="checkbox"/> Mentoring	<input type="checkbox"/> Donations
<input type="checkbox"/> Marketing/Social Media	<input type="checkbox"/> Identifying Speakers
<input type="checkbox"/> Web Development	<input type="checkbox"/> Board of Directors
<input type="checkbox"/> Graphic Artist	<input type="checkbox"/> Marketing Materials
<input type="checkbox"/> Recruitment	<input type="checkbox"/> Partnerships
<input type="checkbox"/> Summer Programming	<input type="checkbox"/> Identifying Vendors

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us. Please submit a resume and cover letter explaining your interest with your application, and any other required documentation to complete the volunteer hire process. I authorize the verification of the information provided on this form. I understand as a volunteer and working directly with youth under the age of 18, a criminal background check will be processed on me. I cannot begin working as a volunteer until background check has been completed and approved. All volunteers must attend a 2 hour orientation.