



STRAIGHT TALK PROGRAM INC. VOLUNTEER APPLICATION

P.O. BOX 5693, NORCO, CA 92860

CONTACT INFORMATION

DATE:

Name	
Street Address	
City, State, Zip	
Home Phone/Mobile	
Work Phone	
E-Mail Address	

AVAILABILITY

During which hours are you available for volunteer assignments?

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

INTERESTS

Tell us in which areas you are interested in volunteering

- Administration Fundraising
 Events Coordinator Documentary
 Marketing Photography
 Newsletter production Field Work/Networking
 Social Media

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.

List any prior arrest and explain. Are you on parole or probation?

Please summarize your answer.

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Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip	
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.