



# STRAIGHT TALK PROGRAM INC. VOLUNTEER APPLICATION

P.O. BOX 5693, NORCO, CA 92860  
Fax (951) 356-0233

## 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.