



Kids Voting
Dayton Region
 120 W. Second Street, Suite 531
 Dayton OH 45402
 (p) 937-222-VOTE (8683) (f) 937-496-2553

KV COUNCIL APPLICATION
FOUNDING MEMBER

Office Use Only
 Date rec'd: _____
 Date Entered: _____

Name: _____

Mailing Address: _____

E-Mail Address: _____

Home Phone: _____ Date of Birth: _____

School: _____ District: _____

Please review the skills and volunteer opportunities listed below. Choose the areas in which you are interested and indicate your skill level where requested.

- Skill level description: **Novice:** I have minimal experience, but want to participate.
Capable: I need specific instruction.
Expert: I only require slight supervision.
Leader: I need no supervision and am willing to teach and supervise others.

SKILLS:

N C E L

	N	C	E	L
Administrative Tasks				
Collating/Mailing				
Computer/Data Entry				
Election Experience				
Newsletter Writing				
Public Speaking				
Staffing the Office				
Telephone Work				
Typing				
Volunteer Coordinating				
Volunteer Recognition				
Web Design				

N C E L

	N	C	E	L
Advocacy				
Cold Calls				
Data entry				
Event Planning				
Government Affairs				
Grant Writing				
Human Resources				
Mailings				
Media Relations				
Photography				
Research				
Strategic Planning				
Teacher Training				

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Do you have any other skills or resources that you think would benefit our organization? Any other comments?

Do you have any specific goals or outcomes you wish to see as a result of your volunteer experience?
Yes ____ No ____ If yes, what are they? (This will help us determine placement and plan training opportunities in the future) _____

Indicate the times you would usually be available to meet.

During the week: daytime _____ evening _____
Weekends: Saturday _____ Sunday _____

Any comments about your schedule?

References: Please list two references that we may contact regarding your application (at least one should be from a teacher/staff member at your school, and the second can be a work, school or personal reference)

Name: _____ Contact Phone: _____
Relationship to you: _____ Email address: _____

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Relationship to you: _____ Email address: _____

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Please Read carefully before signing application.

A. The Kids Voting Council is an equal opportunity program and will consider applicants for all volunteer positions without regard to sex, race, color, religion, marital status, national origin, handicap, veteran status, sexual orientation or any other legally protected status.

B. The skill-sets of the applicant will be compared to those skill-sets needed to fulfill current volunteer job descriptions. Placement will be made based on the recommendations of teachers/staff members at your school and the willingness of the applicant to perform the required duties at the times needed by the council.

By signing this application, I understand that Kids Voting cannot be liable for any injuries or illness that my dependent(s) or I may suffer. I expressly waive any such claim for compensation or liability against Kids Voting beyond what may be offered freely by the representative of Kids Voting in the event of such injury, medical expense or vehicle damage.

Applicant
Signature: _____ Date: _____

Parent or guardian
Signature: _____ Date: _____
(if under 18)

Emergency Contact: _____

Home Phone: _____ Cell Phone: _____

Thank you for taking the time to complete this application!
We will contact you shortly regarding your application.

If you have any questions, please contact the Kids Voting office at 937-222-8683 or justin@kidsvotingohio.org

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