



DISTRICT OF COLUMBIA
COLLEGE ACCESS PROGRAM

DC-CAP Career Speaker Bureau Application Form

VOLUNTEER

Accept the Challenge!

Please submit a copy of your resume, biography
and picture with your application.

General Contact Information

Name: (Last)	(First)	(M.I)
DOB:	Sex: <input type="checkbox"/> Male	<input type="checkbox"/> Female
Race/Ethnicity:	Languages(s) other than English:	
Home Address:		
City:	State:	Zip:
Home Phone:	Email:	

Employment/Career History

Name:	SSN#:
Current Employer:	
Profession/Title:	
Supervisor:	
Phone Number:	Email:
Previous Employer:	
Profession/Titles:	

Education

High School:	Graduation Date:	
City:	State:	Zip:
University/College:		
City:	State:	Zip:
Major:	Diploma/Degree:	Graduation Date:
Graduate School:		
City:	State:	Zip:
Major:	Diploma/Degree:	Graduation Date:

Legal History

(This section is necessary to protect the safety of our youth participants. All information is confidential.)

Have you ever been arrested:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Have you ever been convicted of a felony:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Have you had any past or present problems related to abuse of drugs or alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	

I certify that the above responses are true to the best of my knowledge.

Signature

Date

Additional Information

(What else can you tell us about you?)

Photo Release

- I understand and agree that DC-CAP may use my name, photo, and speech in audiotapes, videotapes, film, photographs or their web page for marketing purposes.
- I do not agree to let DC-CAP use my name, photo, or speech for marketing purposes.

Where did you learn about DC-CAP Career Speakers Bureau Program?

- | | | |
|--|--|--|
| <input type="checkbox"/> DC-CAP Employee
Name of Employee _____ | <input type="checkbox"/> Employer
<input type="checkbox"/> Friend
<input type="checkbox"/> Website
Site _____ | <input type="checkbox"/> Co-Worker
<input type="checkbox"/> High School Principle
Name of School _____ |
| <input type="checkbox"/> DC-CAP Volunteer
Name of Volunteer _____ | | |
| <input type="checkbox"/> DC-CAP Display/ Flyer/ Mailing | | |

*Thank you for supporting DC-CAP's mission of:
"Changing lives by giving every child a chance at a college education."*

Please return your application form to DC-CAP

ATTN: Speaker's Bureau Coordinator, 1400 L Street, NW, Suite 400 Washington, DC 20005
Telephone: 202-783-7933; Fax: 202-503-3507; Email: info@dccap.org