SEEDS OF KNOWLEDGE INC.

**DOCUMENT NAME: Job Description**

**POSITION TITLE: Volunteer Council Member**

**SUMMARY: A volunteer member actively volunteers in the organization’s various committees and participates in fundraising. He/she assists in identifying and responding to the organization’s needs.**

**SELECTION PROCESS: By recommendation and/or by self-nomination**

**Confirmed by the Board of Directors.**

**TIME COMMITMENT: Two-year term. Member will self-evaluate commitment at the end of two years and decide if he/she will continue to remain on the Board.**

**RESPONSIBILITIES:**

* **Actively assist and collaborate with members of organization’s various teams**
	+ Social media team
	+ Special events team
	+ Advocacy/recruitment team
	+ Campus/School events team
	+ Book making team
	+ Library and literacy programs team
	+ Fundraising team
	+ Other
* **Assist in yearlong fundraising program and assist the organization in meeting goals**
* **Support the organization’s advocacy and programmatic efforts to deliver its mission.**
* **Network for the organization in the community; continually seek new resources for the organization.**
* **Assist in identifying new volunteer leadership for the organization by suggesting candidates for the Board and Teams.**
* **Support the organization with a suggested minimum annual contribution and / or facilitation of $100.00**

**Volunteer Council Member Agreement**

Seeds of Knowledge Inc. Volunteers are to the organization.

To support the mission of Seeds of Knowledge Inc., I agree to:

* Be actively engaged in the work of Seeds of Knowledge Inc.
* Attend regularly scheduled meetings
* Participate in programs and events and/or retreats
* Energetically serve on at least one team.
* Raise a minimum of $100
* Attend Seeds of Knowledge Annual Fundraising Evening of Shining Hope Gala (Last Saturday in February)
* Work effectively with my fellow team members to ensure that I contribute my experience and expertise to Seeds of Knowledge.

Volunteer Council Member Signature Date

Board Member Name Printed

**Council Member Application**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First M Last Preferred Name (if applicable)

**Residence**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer (Skip if you are a student and see below)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of business or organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary service(s) and area/population served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Students**

School/University Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year in school – or grade if not at the university - :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer involvement and previous experience information**

How did you hear about Seeds of Knowledge? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you want to volunteer with Seeds of Knowledge?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all previous volunteer and community involvement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer opportunities**

Please select area(s) you would like to volunteer:

* Social media team
* Special events team
* Advocacy/recruitment team
* Campus/School events team
* Book making team
* Library and literacy programs team
* Fundraising team
* Other

**Team leadership**

Would you like to lead any of the above teams? Yes No

If yes please list skills and qualities you possess to be an effective team leader.

**Availability**

**Days available**

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

**Preferred Time**

Mornings: 10:00-1:00

Afternoons: 1:00-5:00

Evenings: 8:00- 10:00

If selected to be on any of the above committees you must complete each of the following commitment. Please check the box by each indicating your commitment:

* Attend monthly one meetings
* Raise a minimum of $100 as a team member
* Attend Seeds of Knowledge Annual evening of Shining Hope Fundraising Gala

**Please tell us anything else you’d like to share**:

 **Thank you for applying**