

## THE TRONIE FOUNDATION Speaker Training Session

- **Introductions and Training Overview**
- **Tronie Foundation Video and organization overview**
- **Role of the Volunteer Presenter**
- **Opportunities**
- **Expectations and requirements**
- **Presentation -- Power Point**
- **Go-Kit and forms**
- **Questions**

Foundation expectations of volunteer speakers:

1. **Consistency** of outgoing message
2. Prior to event: know your audience.
  - a. **Research.** What are audience expectations?
  - b What is the **purpose** of the presentation: educational? Fund raising?
  - c. Is it appropriate to expect an **offering or donation**?
3. Check with Jeanne or Tricia to see if **updated info** is available to share with audience.
4. Be conscious of the **venue:** in dress, in language.
5. **Familiarize** yourself with the information to be presented. Tailor info to event, if necessary.
6. **Ask** for prep help if you need it.
  7. Go to office and get **“GO”** kit
8. **Arrive early** at the venue, ideally 30 minutes prior, to prepare then greet guests.
9. ALWAYS have **“hard copy”** of power point info-- never solely rely on computers
10. **Prepare** for possible Q&A after presentation:

The Presentation:

- A. identify with audience: in your appearance, in your word choice.
- B. begin with introduction
  - include brief synopsis of why you're involved. Why are you compelled to do this?
- C. Power point/video – can adapt to your speaking style.
- D. Q&A after event: write down questions if possible
  1. never talk about what you don't know
  2. get the inquirer's name/phone number, tell them you will get that answer then call them back.

3. follow through!

The follow-up:

- Complete outreach form and give to office.
- Return any extra materials and equipment to office.
- Account for any funds collected and bring to office.
- Send thank you letter to coordinator.

## The Tronie Foundation Speaker Request Form

**Type of Event:**       Foundation/Human Trafficking Informational Overview

Rani & Trong's Story

Fundraiser

Other

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**Speaker Preference:**       Rani (Honarium Requested)       Trong (Honarium Requested)

Foundation Representative       No Preference       Other

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**Name of Event** (if applicable)

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**Proposed Date of Event**

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**Location of Event**

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**Target Audience** (please describe)

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**Number Expected**

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**Total Time Requested**

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**Information Requested:**       Brochures                       Human Trafficking Fact Sheets  
 WA State DVD (please indicate equipment availability)       Other

\_\_\_\_\_

Would like information table set up       Would like information distributed to each participant

Event Contact Person

\_\_\_\_\_

Organization Name

\_\_\_\_\_

Address

\_\_\_\_\_

Phone \_\_\_\_\_ Fax

\_\_\_\_\_

Email Address

\_\_\_\_\_

## **EVENT HELPER TO-DO LIST**

**This is a guide for anyone attending an event as a Helper.** Please review and make sure you understand what is expected of you. Be sure to let us know if you have any questions. Michele is available to help with materials, directions, and to answer any questions you may have. She can be reached at 705-1230. Thank you for your help!

- Bring the event informational sheet.
- Contact office to make sure the Go-Kit is ready for pick up. You are responsible for coordinating the pickup of this kit with Michele.
- Work out driving arrangements with presenter. It is helpful if you are able to drive in case of last-minute preparations. Regardless, you are responsible for directions.
- At the event, you are responsible for giving any information to the host(ess).
- Be sure the presenter's phone and your phone are on "vibrate."
- Keep track of any materials, equipment, and/or purses.



Event/ Meeting Contact Person: \_\_\_\_\_  
Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_

**Follow-Up**

Donations received: \_\_\_\_\_  
Inquiries received: \_\_\_\_\_  
Other: \_\_\_\_\_

## EVENT GO-KIT CHECKLIST

Event \_\_\_\_\_

Date \_\_\_\_\_

Speaker \_\_\_\_\_

- Addressed Envelopes \_\_\_\_\_
- Black HOF Slicks \_\_\_\_\_
- Clipboard
- Donation Slips \_\_\_\_\_
- DVD Player
- Fiji DVD (not to be given out)
- HOF Tension Banners w/stands (2)
- HOF Vinyl 8' Banner
- HT Fact Sheets \_\_\_\_\_
- LCD Projector
- Pens \_\_\_\_\_
- Rani & Trong's 'Oprah' DVD (not to be given out)
- Scotch Tape
- Shelter Needs Sheets \_\_\_\_\_
- Square TF Brochures \_\_\_\_\_
- Tables \_\_\_\_\_
- Tabletop Display Board
- Tablets \_\_\_\_\_
- Volunteer Sign-up Sheets \_\_\_\_\_
- Washington State DVD (not to be given out)



**Education:**

Highest level completed:

- High School/GED
- 4 year degree                      Degree \_\_\_\_\_
- Advanced                              Degree \_\_\_\_\_

Certifications:

\_\_\_\_\_

**Availability:**

List the days and times you are available for volunteering:

- |                           |                          |
|---------------------------|--------------------------|
| Monday: _____ to _____    | Tuesday: _____ to _____  |
| Wednesday: _____ to _____ | Thursday: _____ to _____ |
| Friday: _____ to _____    | Saturday: _____ to _____ |

**Please check skills, talents and/or experience:**

- |   |  |
|---|--|
| <input type="checkbox"/> Accounting/Finance       | <input type="checkbox"/> Public Relations    |
| <input type="checkbox"/> Organization Development | <input type="checkbox"/> Website Development |
| <input type="checkbox"/> Human Resources          | <input type="checkbox"/> Fundraising         |
| <input type="checkbox"/> Law/Civil rights/Legal   | <input type="checkbox"/> Foreign Language    |
| <input type="checkbox"/> Counseling               | <input type="checkbox"/> Photography         |
| <input type="checkbox"/> Food Service/Nutrition   | <input type="checkbox"/> Gardening           |
| <input type="checkbox"/> Home Repair/Carpentry    | <input type="checkbox"/> Office/Clerical     |
| <input type="checkbox"/> Advocacy                 | <input type="checkbox"/> Computer            |
| <input type="checkbox"/> Other: _____             |  |

**Please check volunteer areas you are interested in:**

- |   |  |
|---|--|
| <input type="checkbox"/> Clerical/office help   | <input type="checkbox"/> Fundraising           |
| <input type="checkbox"/> Special Events   | <input type="checkbox"/> Computer entry        |
| <input type="checkbox"/> Volunteer at Shelter   | <input type="checkbox"/> Housekeeping          |
| <input type="checkbox"/> General maintenance at House   | <input type="checkbox"/> Gardening/Landscaping |
| <input type="checkbox"/> Volunteer Coordinator  | <input type="checkbox"/> Speaker's Bureau      |
| <input type="checkbox"/> Interpreter, please list language(s) _____                                   |  |
| <input type="checkbox"/> Professional support (legal, accounting, counseling, etc), please list _____ |  |
| _____   |  |
| <input type="checkbox"/> Vocation and/or life skills training, please list skill area _____           |  |

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\_\_\_\_ Other

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**Experience:**

Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
Supervisor: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

*\*If less than 2 years, complete the following information:*

Previous employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ How long?

Duties/Responsibilities:

Supervisor: \_\_\_\_\_ Supervisor's Phone:

**List any experience you have in the following:**

- |  |                            |
|--|----------------------------|
| ____ Human Trafficking                 | ____ Homelessness          |
| ____ Substance Abuse                   | ____ Mental Illness        |
| ____ Conflict Resolution               | ____ Low-Income Population |
| ____ Domestic Violence                 | ____ Sexual Assault        |
| ____ Multi-Culturalism, please explain |                            |
- 

\_\_\_\_  
List other previous volunteer experiences:

\_\_\_\_  
Please describe why you want to volunteer with the Tronie Foundation: \_\_\_\_\_

**Statement of Confidentiality:**

The Tronie Foundation and volunteers are responsible for protecting the privacy of our clientele. No information about our clientele is to be given verbally or in writing to agencies or individuals without a signed release of information form from the specific individual involved.

Signature: \_\_\_\_\_ Date:

Please send completed Volunteer Application to:

michele@troniefoundation.org

or

PO Box 1308, Olympia, WA 98507

Thank you

**For Office Use Only:**

\_\_\_\_\_ Application Received

\_\_\_\_\_ Received Schedule

\_\_\_\_\_ Volunteer Orientation Completed

\_\_\_\_\_ Resume on File

Notes: