



Volunteer Application

The Building for Kids
100 West College Avenue
Appleton, WI 54911
920-734-3226

Personal Information

Date _____

Dr. Mr. Mrs. Ms. Miss

Name _____

Address _____

City/State/Zip _____

E-mail _____

Phone _____ *Birth date _____

*All volunteers at the Building for Kids must complete a background check. This information is necessary in order to perform this check.

Health Information

In case of emergency please contact:

Name _____ Relationship _____

Phone _____

Allergies/health concerns/physical limitations _____

Business Information

Company _____

Position _____

Address _____

City/State/Zip _____

Business Phone _____

My employer offers a time-off program for volunteers

My employer offers a donation matching program

Education Information

Circle last year completed

Middle School

6 7 8

High School 9 10 11 12

College

1 2 3 4

Graduate 1 2 3 4

Other _____

Degree(s) _____

Are you currently a student? _____ If yes, where? _____

Volunteer Information

Previous volunteer experience

How did you hear about our volunteer program?

Why are you interested in volunteering?

Will you require verification of volunteer hours? _____

Are you trained and/or certified in: CPR First Aid

What are your hobbies/special interests?

Areas of Volunteer Interest

(Please check all that apply)

- Working on the floor in the Museum
- Da Vinci Studio: Assist children with art and science projects
- Special Events: Special programs, exhibit opening parties, community outreach, and after-hour events
- Marketing/Adverting: Write media releases and follow-up with media
- Educational Assistance: Preparing materials for school group classes
- Office Assistance: Newsletter, mailings, administrative support
- Exhibit Maintenance
- Technical Assistance
- Other: _____

What would NOT interest you as a volunteer?

Please list all skills/proficiencies which you believe are relevant:

Volunteer Position

In which of the following capacities are you interested in volunteering?

Short-term/Seasonal Volunteer

How many hours would you like to volunteer? _____

Until what date are you available to volunteer? ___/___/___

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Special Events Volunteer

In what way should we contact you about upcoming special events?

E-mail (_____@____.____)

Telephone (____) ____-____

Other: _____

Long-term, Regularly Scheduled Volunteer

(Please indicate availability)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday