



Please send completed form to: wonder@wonderworkshop.org

Volunteer Information:

Date:

Name:

Address:

City:

State:

Zip:

Phone:

Email Address:

School Attending/Year in School:

Major/Occupation:

Emergency Contact Name/Number (required):

Volunteer Interests (check all that apply):

- Working directly with youth involved in Wonder Workshop Children's Museum's programs
 - Helping with the turnover of new exhibits, this could include painting, putting things together, etc.
 - Writing grants or assist with fundraising
 - General cleaning/organizing (either interior or exterior)
 - Other (please describe)
-

Availability (check all that apply):

- Weekends Weekdays Mornings Afternoons Evenings

Is there a time of year that works best for you?

- Anytime Spring Summer Fall Winter
-

Skills/Knowledge (check all that apply):

- Microsoft Word/Excel/other spreadsheets
- Adobe programs
- Social Media
- Experience working with youth
- Writing
- Art
- Grant writing/fundraising
- Volunteer organization
- First aid/CPR
- Other relevant skills/knowledge (please describe):