

Wonder Workshop Children's Museum

Send Completed Form to:
Suzanne Reese
Director@wonderworkshop.org

Volunteer Information:

Name: _____ Date _____

Address: _____ City _____ State _____ Zip _____

Cell: _____ Email Address: _____

School Attending & Year in School: _____ Occupation/Major: _____

Emergency Contact Name & Number (*required*): _____

Volunteer Interests (check all that apply):

_____ Work directly with youth enrolled in the Wonder Workshop's programs

_____ Help develop lesson plans or specialized activities

_____ Assist with outreach and social media

_____ Help with the turn-over of new exhibits, this could include painting, putting toys together, etc.

_____ Write grants or assist with fundraising

_____ Other (please describe)

Availability:

Days & Times (check all that apply): Weekends Weekdays Mornings Afternoons Evenings

Is there a time of year that is better for you? Anytime! Spring Summer Fall Winter

Skills & Knowledge (Check all that apply):

Office and other skills/knowledge

___ Microsoft WORD

___ Microsoft Excel

___ Photoshop

___ Experience working with youth

___ Social Media Marketing

___ Newsletter design/layout

___ Fundraising or Grant Writing

___ Volunteer Coordination

___ Art/Illustration

List relevant certifications (First Aid/CPR, etc):

Please share any other skills or knowledge that you have that may be relevant to the Wonder Workshop: