



# Building Beyond The Walls

Building Community through Service  
Educate ~ Empower ~ Engage

## General Volunteer Application

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening or Cell Phone: \_\_\_\_\_

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

Preferred Method of Contact: Email \_\_\_ Text \_\_\_ Phone \_\_\_ Messenger \_\_\_ Other \_\_\_

Emergency Contact Person & Phone: \_\_\_\_\_

Birthday: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

If you have any degrees or certificates? \_\_\_ Please list: \_\_\_\_\_

Are you a college student? \_\_\_ Where? \_\_\_\_\_

Current occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_

We want our volunteers to enjoy their time with us by using their talents and enjoying the volunteer work that they do. What area of volunteering are you most interested in helping with?

**CHECK** which topics you have experience, training, or education. **UNDERLINE** the areas that most interest you:

- Education/teaching  Other \_\_\_\_\_
- Construction
- Office Assistance
- Newsletters
- Equipment Manager
- Event Volunteer
- Board Member
- Fundraising Committee
- Construction Committee
- Auction Committee
- Grant Writing
- Outreach & Communication's Committee
- Building Kids Program
- Window Installation



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**What types of volunteer experience do you have?** (Please include any volunteer or community service you have done. Specify number of years involved and any leadership roles.)

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**Why do you wish to volunteer with Building Beyond the Walls?**

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**What days of the week and hours are you typically available to volunteer?**

- Monday \_\_\_\_\_  Thursday \_\_\_\_\_  
 Tuesday \_\_\_\_\_  Friday \_\_\_\_\_  
 Wednesday \_\_\_\_\_  Saturday \_\_\_\_\_  
Other: \_\_\_\_\_

**How did you hear about Building Beyond the Walls Construction Training and Volunteer Program?**

- Email Notice  Newsletter  Newspaper  Word of Mouth  Flyer  Facebook  
 Craigslist  Other: \_\_\_\_\_

This program is designed to be all-inclusive. We are committed to providing meaningful opportunity for all abilities. Please list any disabilities you may have. Your information is confidential but essential to providing a safe and valuable opportunity. If you have a need for any accommodation, please let us know how we can assist you.

- Deaf/Hearing Impaired  Mobility  Speech/Language  Learning Disability  
 Blind/Visual  Chronic/Acute Health  Neurological/Nervous System  
 Psychological/Emotional  Other \_\_\_\_\_

Do you have any medical conditions we need to be aware of? \_\_\_\_\_



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Does it require medication? \_\_\_\_\_

Do you have any diet restrictions? Yes \_\_\_\_ No \_\_\_\_

If yes, what are they? \_\_\_\_\_

Can you pass a background check? Yes \_\_\_\_ No \_\_\_\_

Please submit application to [Sue@BuildingBeyondTheWalls.org](mailto:Sue@BuildingBeyondTheWalls.org) for consideration.  
For more information, visit [www.BuildingBeyondTheWalls.org](http://www.BuildingBeyondTheWalls.org) or contact Sue at the above email.  
Building Beyond the Walls 12809 207<sup>th</sup> Ave. E.; Bonney Lake, WA 98391