



PHILADELPHIA
WOODEN
BOAT
FACTORY

PHILADELPHIA WOODEN BOAT FACTORY VOLUNTEER APPLICATION

_____/_____/_____
 First Name Last Name Birth Date

 Address Male Female
 Sex

 Cell Phone Home Phone E-Mail

How did you hear about Philadelphia Wooden Boat Factory?

What interests you about the program? What do you hope to get out of volunteering?

Which accomplishment in your life are you most proud of?

What are you good at? List skills (include life skills -not just wood working or sailing- & years/months of experience)

Do you have any previous volunteer experience?

Do you have any experience working with children? If so, in what capacity?

Do you have any experience working with special needs/at-risk children?

Do you have any experience working with people from different cultures than your own?

Yes No
Are you employed?

Yes No
If yes, have you discussed your potential commitment to PWBF with your employer?

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VOLUNTEER APPLICATION

Yes No

If no, do you plan to continue with us after you get a job?

Yes No

Or, are you retired?

Do you have any current volunteer commitments? If so, please list with who, and number of hours spent per month.

Which programs/projects most interest you (check all that apply)?

- Shop/boat work outside of children's programming.
 - Administrative (fundraising, finance, clerical and marketing)
 - Boat Build & Sail (afterschool children's program, M-Th, 4-7pm)
 - Canoe Build (school hours children's programming. Various hours)
 - Summer Sail (M-F, 9:30am-3pm in the summer)
 - Community Sail (Every other Saturday 9am-2pm in the summer)
 - Homework help and mentoring (M-Th 4-7pm during the school year)
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Have you ever had any involvement in the criminal justice system? If so, please explain and give dates

Has a report of child abuse or neglect ever been made against you? If so, please explain and give dates.

Available times for volunteering:

- | | |
|--------------------------------|----------------------------------|
| <input type="checkbox"/> Mon | <input type="checkbox"/> 6-9 AM |
| <input type="checkbox"/> Tues | <input type="checkbox"/> 9-12 PM |
| <input type="checkbox"/> Wed | <input type="checkbox"/> 12-3 PM |
| <input type="checkbox"/> Thurs | <input type="checkbox"/> 3-6 PM |
| <input type="checkbox"/> Fri | <input type="checkbox"/> 6-9PM |
| <input type="checkbox"/> Sat | |
| <input type="checkbox"/> Sun | |

Thank you for taking the time to complete this application.