BAYVIEW INTERNATIONAL CENTER FOR EDUCATION AND THE ARTS
601 Bayview
Madison, WI 53715
(608) 256-7808

VOLUNTEER APPLICATION

Date:_____

Name: _____ Phone: _____ Address: _____

Email: _____ Available Start Date: _____

Emergency Contact: _____
(First Name) (Last Name) (Phone)

The following information is for reporting purposes only.
DOB:___/___/_____ __Female __Male __Gender Non-Conforming

Race/ethnicity: ☐White/Caucasian ☐Hispanic/Latino ☐ Asian ☐ Other:_____

HIGHEST LEVEL OF EDUCATION COMPLETED
__High School __Tech/Community College __Bachelors (specify:_____)

__Masters (specify:_____) __Doctorate (specify:_____) __Other (specify:_____)

ARE YOU CURRENTLY A STUDENT? __ Yes __ No *If yes, please complete section below:*

Name of Institution: _____Year of Study:_____
Major:_____Minor:_____

Volunteering for a class requirement?: __Yes __No *If yes, please answer the following*:
Instructor:_____ Email:_____

Class Name:_____ Department:_____

CURRENT CERTIFICATIONS: CPR __Yes __No Basic First Aid: __Yes __No

LANGUAGES (Speak or write)
__ Spanish __ Hmong __ French __ Other (Specify:_____)

Briefly describe your interest in volunteering with our organization:

_____
_____
_____

List any special skill(s) relevant to program of interest:

_____
_____
_____

AREAS OF INTEREST
I am interested in the following:

Non-School Age Programs

__ **Senior/Adult Programs** __ **Early Childhood (**Birth- 5yrs) __**Community Garden**

__**Food Access/Pantry** __ **Administration and Office Support** __**Community Event**

__ **Holiday Gift Wrapping** __**Thanksgiving Turkey**

Availability
__One Time Event (specify_____) __Regular: __weekly: hrs/week____ __Monthly: hrs/month____

__Monday: time_____ __Tuesday: time_____ __Wednesday: time_____

__Thursday: time_____ __Friday: time_____

School Age Youth Programs

___**After-School**

__**Elementary**: __Monday 1:00-3:00pm __Tuesday/Wednesday 2:30-5:45pm __Friday 2:30-5:00pm

__**Middle/High School**: __Monday 1:00-3:00pm __Tuesday/Wednesday 2:30-6:00pm __Friday 2:30-5:00pm
Availability
Frequency: __One Time Event __Regular: __weekly: hrs/week____ __monthly: hrs/month____

___**Bayview Summer Camp (afternoon only)**
Availability
Frequency: __One Time Event __Regular: __weekly: hrs/week____ __monthly: hrs/month____

__Monday __Tuesday __Wednesday __Thursday __Friday

BACKGROUND CHECK AND PERSONAL CONSENT

___ I authorize Bayview Foundation to conduct a Criminal Background check.
___ I agree to respect the confidentiality of all participants, volunteers, and staff.
___ I give permission to have my picture taken and possibly used on Bayview's website and/or other educational/promotional materials.

_____ ___/___/_____
Signature MM / DD / YYYY

STAFF USE ONLY

Staff Name: _____ Background Check Completed: ___Yes ___No

Day(s)/Time(s): _____ Program/Event:_____

Start Date: _____ End Date:_____ Hrs./Week/Month: _____

Email completed application to: **Youth Programs** -lisaking@bayviewfoundation.org; **Adult/Senior/Special Events**-nkaoxuesummers@bayviewfoundation.org