

Volunteer/Company – Information Sheet

- Company/Corporation
- Adult 18-50 Adult 51 + Teen 13-17 Child
- Mr. Mrs. Ms. Miss Dr.

Company Name _____

World of Wonders Science Museum
 P. O. Box 1671
 Woodbridge, CA 95258
www.wowsciencemuseum.org
info@wowsciencemuseum.org

Name _____

Street Address _____

City, Zip _____

Home Phone # _____ **Work Phone #** _____

Cell Phone # _____

Email _____

DOB ____/____/____

I am interesting in assisting in the following areas:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Fundraising <input type="checkbox"/> Volunteer Care/Maintenance <input type="checkbox"/> Education/Programs <input type="checkbox"/> Exhibit Design/Building <input type="checkbox"/> Metal Work <input type="checkbox"/> Carpentry <input type="checkbox"/> Painting <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Administration <input type="checkbox"/> Phone Tree <input type="checkbox"/> Accounting <input type="checkbox"/> Media/Public Relations <input type="checkbox"/> Marketing/Public Speaking <input type="checkbox"/> Special Events <input type="checkbox"/> Graphic Design/Art |
|--|--|

- Exhibit Construction Facility Location for Fundraising event
- Raw materials for exhibits

Referrals-people who might be interested in helping with the WOW

Building Site Construction/Development – Contact Me Regarding:

Prefer the following days of the week and times of day for my volunteer hours. Check when available. ✓

Monday	AM	PM	Eve
Tuesday	AM	PM	Eve
Wednesday	AM	PM	Eve
Thursday	AM	PM	Eve
Friday	AM	PM	Eve
Saturday	AM	PM	Eve

FOR WOW OFFICE USE ONLY

- ACT**
- Contact made by** _____
- Card sent**
- Assigned to Committee Chair**
- _____
- Individual Volunteer Application signed**
- Image Release – original filed**
- DOJ**
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