

Take Flight... Volunteer! Sertoma Butterfly House

Date ____/____/____

Name _____
(Last) (First) (M.I.)

Address _____

City _____ State _____ Zip Code _____

Social Security Number ____ - ____ - ____ Birthday ____/____/____

Home Phone _____ Work Phone _____ Cell Phone _____

Email (PLEASE PRINT CLEARLY) _____

NOTIFY IN CASE OF EMERGENCY: Name _____

Phone _____ Relationship _____

EDUCATION (circle last year completed)

High School 1 2 3 4

College 1 2 3 4

Graduate School 1 2 3 4 5

Name _____

Name _____

Name _____

Degree(s) _____

WORK EXPERIENCE _____

VOLUNTEER EXPERIENCE _____

SPECIAL SKILLS / INTERESTS and HOBBIES _____

WHY ARE YOU INTERESTED IN VOLUNTEERING A SERTOMA BUTTERFLY HOUSE? _____

AS A VOLUNTEER, WHAT DO YOU ANTICIPATE YOUR GREATEST RECOGNITION THAT WE
COULD OFFER YOU FOR YOUR GIFT OF SERVICE TO SERTOMA BUTTERFLY HOUSE? _____

TELL US A LITTLE BIT ABOUT YOURSELF (i.e. Your likes/dislikes; Do you have pets? Did you grow up in SD or are you a transplant? Do you travel? What's your favorite family tradition? Do you have a nick name?)

WHAT TIME(S) WORK BEST FOR YOU TO BE A VOLUNTEER AT SERTOMA BUTTERFLY HOUSE?

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____
Mornings _____ Afternoons _____

Are You Willing To Work On A Regular Basis? (A set time every week) ____ Yes ____ No

Thinking ahead, what would be that set time? _____

AREAS OF INTEREST (please mark any of the appropriate areas):

- ____ **Flight Attendants** greet visitors within the Flight Room.
____ **Lobby Greeters** assist visitors into the Flight Room.
____ **Horticulture / Plant Care** is working directly with our plant curator.
____ **Critter Care** is preparing the diets for our bugs and butterflies.
____ Are you interested in learning to handle our many critters?
____ **Education Assistant** is helping with programs and classes.
____ **Summer Camp For Kids** is helping with children age 7-12 during the summer months
____ **Special Event Aid** provides assistance in planning our 5 events & preparing craft supplies
____ **Other (specify)** _____

REFERENCES

Name _____ Phone _____

Name _____ Phone _____

Have you ever been arrested or convicted of a felony? Yes _____ No _____

Are there other individuals you think might be interested in volunteering at the Sertoma Butterfly House?

Name _____ Phone _____

Name _____ Phone _____

I certify that the information given in this application is true and complete. I authorize investigation of the statements that I have made. I understand that any false statements on this application shall be sufficient cause for denial of volunteering or summary dismissal. I understand that the unlawful dispensing, possession or use of a controlled substance is prohibited when volunteering. Violation of this policy may result in my release without notice.

Signature of Applicant

Date

***Applicants may be subject to a criminal background check.**

RETURN TO: Sertoma Butterfly House 4320 S. Oxbow Avenue Sioux Falls SD 57106 (605)334-9466

OFFICE USE: Rtn App _____ Interview _____ FR Training _____ EP Training _____ Clothing Size _____ Name Tag _____

