



Building Beyond The Walls

Building Community through Service
Educate, Empower, Engage

Construction Training Application

Name: _____

Address: _____ City: _____ Zip: _____

Day Phone: _____ Evening or Cell Phone: _____

Email Address: _____

Emergency Contact Person & Phone: _____

Month & Date of your Birthday: _____ T-Shirt Size: _____

If you have any degrees or certificates? _____ Please list them: _____

Are you a college student? _____ Where? _____

Current occupation: _____ Job Title: _____

CHECK the topics below in which you have experience, training, or education:

- | | |
|---|---|
| <input type="checkbox"/> Education/teaching _____ | <input type="checkbox"/> Electrical _____ |
| <input type="checkbox"/> Groundwater _____ | <input type="checkbox"/> Horticulture/Landscaping _____ |
| <input type="checkbox"/> Construction timelines _____ | <input type="checkbox"/> Plumbing _____ |
| <input type="checkbox"/> Architecture _____ | <input type="checkbox"/> Mudding & Taping _____ |
| <input type="checkbox"/> Painting _____ | <input type="checkbox"/> Foundations _____ |
| <input type="checkbox"/> Building Green _____ | <input type="checkbox"/> Concrete Work _____ |
| <input type="checkbox"/> Finishing Work _____ | <input type="checkbox"/> Window Installation _____ |
| <input type="checkbox"/> Wetlands _____ | <input type="checkbox"/> Framing _____ |
| <input type="checkbox"/> Roofing _____ | <input type="checkbox"/> Sheetrock/Drywall _____ |
| <input type="checkbox"/> Siding _____ | <input type="checkbox"/> Other _____ |

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

School-related? _____

Work-related? _____

Club/service group? _____

Church? _____

Other? (Please specify) _____

Why do you wish to be a part of the Construction Training Program?

Please check any **other** activities in which you would like to participate in as a volunteer during the training, and **underline** those you would do if needed:

- | | |
|--|---|
| <input type="checkbox"/> Bringing snacks/refreshments | <input type="checkbox"/> Data entry and analysis |
| <input type="checkbox"/> Sign-in Table | <input type="checkbox"/> Office support |
| <input type="checkbox"/> Event planning and organization | <input type="checkbox"/> Writing/photography/illustration |
| <input type="checkbox"/> Fund-raising/finances | <input type="checkbox"/> Other _____ |

Is there any known date you will **NOT** be available during the training period. (ex. job, vacations, regular commitments) _____

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

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

This program is designed to be an all-inclusive training. We are committed to providing meaningful training 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 accommodations 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? _____

Does it require medication? _____

During our full day trainings we have community organizations donate lunch for the classes. The organizations take this opportunity to share with you what they do in the community and the volunteer opportunities they have for you. We try to accommodate any food allergies or special diet requirements as best we can. Please remember they are donating their time and resources and may not always be able to accommodate everyone.

Do you have any diet restrictions? Yes ____ No____

If yes, what are they? _____

Please submit application to Sue@BuildingBeyondTheWalls.org for consideration.
For more information, visit www.BuildingBeyondTheWalls.org or contact Sue at the above email.
Building Beyond the Walls 12809 207th Ave. E.; Bonney Lake, WA 98391



Building Beyond The Walls

Building Community through Service Statement of Commitment

As a participant in the Construction Training program, I agree to follow and abide by the following conditions:

1. **Attend the full Training course.** We will be building a structure for a non-profit organization which needs to be completed in the course, your attendance is critical to its timely completion. We understand that things may come up but ask that you identify in the application dates you know will not be able to attend in advance. This doesn't prevent you from being considered, but it does help in our planning.
Agree _____ Disagree _____
2. **Contribute and report the required hours** in the next year of volunteer service for organizations of your choice. It is a condition of training to complete the required volunteer hours. The fulfillment of community service hours must be documented in order to receive our grant funding which allows us to offer this class for free. **The required volunteer hours for this class offering is _____ hours.** Do you agree to fulfill and report your hours?
Agree _____ Disagree _____
3. Attain the necessary level of knowledge to carry out my commitments.
Agree _____ Disagree _____
4. Use this training to teach others when volunteering on a job site.
Agree _____ Disagree _____
5. **Building Beyond the Walls is drug and alcohol free work environment.** You will be working with power tools and equipment. Just like a real job site legal drugs (marijuana and alcohol) use is **not** permitted on our construction training sites.
Agree _____ Disagree _____
6. Be on time, actively participate in each class and follow all safety guidelines. Respect property and tools used in training and on the job sites.
Agree _____ Disagree _____

Signature: _____

Date: _____