



ORGANIZATION VOLUNTEER APPLICATION

Date: _____

PRIMARY CONTACT INFORMATION

Last Name: _____ First: _____ Middle: _____

Position in organization: _____

Email: _____ Contact Phone: _____

ORGANIZATION PRESIDENT'S CONTACT INFORMATION (if not the same from above)

Last Name: _____ First: _____ Middle: _____

Position in organization: _____

Email: _____ Contact Phone: _____

GROUP/ORGANIZATION INFORMATION

Organization Name: _____

Type of Organization: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

Has the organization ever volunteered for Madison Children's Museum previously? Yes No

Reason for volunteering: Community Service School Credit Service Learning Other

Are a certain number of hours required? Yes No

If yes, how many? _____ What is the required date for the completion of hours? _____

Do you need documentation of your volunteer hours? Yes No

Is your organization willing to attend a 45 min orientation, if needed? Yes No

VOLUNTEER SHIFT

Please contact MCM Volunteer Coordinator for Student Organization Volunteer Assignment.