



100 N. Hamilton Street
Madison, WI 53703
Phone: 608.256.6445
Fax: 608.268.1398
MadisonChildrensMuseum.org

Office Use Only

Received: _____

Contacted: _____

Interviewed: _____

Orientation: _____

Training: _____

Organization Volunteer Application

Date: _____

Volunteer Primary Contact Information

Last Name: _____ First: _____ Middle: _____

Position in organization: _____ Gender: _____

Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cellular Phone: _____ Email: _____

Organization President's Contact Information (if not the same from above)

Last Name: _____ First: _____ Middle: _____

Position in organization: _____

Cellular Phone: _____ Email: _____

Group/Organization Information

Organization Name: _____

What type of Organization: _____

Have your organization ever volunteered for Madison Children's Museum? Yes No

Are you volunteering for: 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.