



VOLUNTEER APPLICATION

Date: _____ CONTACT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred Name: _____ Gender: _____ Date of Birth (mm/dd/yy): _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Position: _____

Email: _____ Join the email update list? Yes No

Native Language: _____ Speak Read Write

Other Language(s): _____ Speak Read Write

Briefly describe any skills or special interests you could share with the museum or its visitors:

Emergency Contact: _____ Relationship: _____ Phone: _____

Known medical conditions or allergies:

BACKGROUND INFORMATION

Are you volunteering for: Community Service School Credit Service Learning Other

What is the name of the organization you are volunteering through? _____

Are a certain number of hours required? Yes No If yes, how many? _____

By: _____

Are there any pending charges against you? Yes No

Have you ever been convicted of a criminal offense? Yes No

If you checked "yes" for any response, please explain below:

POSITION INFORMATION

PLEASE SELECT YOUR FIRST AND SECOND CHOICE

(Shifts are filled on a first-come, first serve basis. The museum is closed on Mondays from Memorial Day to Labor Day.)

Museum Fellows

- Wilderness/Possible-opolis** Monday-Sunday: 10 a.m. – 12 p.m. / 12 p.m. – 2 p.m. / 2 p.m. – 4p.m.
- Art Studio** Monday-Sunday: 9:30 a.m. - 11 a.m. / 11 a.m. - 1 p.m. / 1 p.m.-3 p.m. / 3 p.m. - 4:30 p.m.
- Rooftop Ramble** Monday-Sunday: 9:30 a.m. - 11 a.m. / 11 a.m. - 1 p.m. / 1 p.m.-3 p.m. / 3 p.m. - 4:30 p.m.
- Sewing** As needed
- Camps** Seasonal. Monday-Friday: 8:45 a.m. – 1:15 p.m. / 12:45 p.m. – 5:15 p.m.
- Special Events** Monday-Sunday: shift times vary by event
- Birthday Parties** Friday-Sunday: 10:15 a.m. - 1:15 p.m. / 10:45 a.m. - 1:45 p.m. / 1:45 p.m. - 4:45 p.m. / 2:15 p.m. - 5:15 p.m.

Museum Specialists

- Behind the Scenes** Monday-Sunday: shift times vary
- Photography** Monday-Sunday: shift times vary

REFERENCES

Name	City and State	Phone Number	Relationship to You

AUTHORIZATION AND RELEASE

In connection with my application as a volunteer for Madison Children’s Museum, I understand that a background check may be performed (**if the applicant is over the age of 18**). I certify that the information given above is true and complete to the best of my knowledge. All information shared will be kept confidential.

I give MCM my permission to use images and video footage. Yes No

Signature **Print Name** **Date**

Signature **Print Name** **Date**

****If you are under the age of 18, please also have a parent or a guardian sign.****

(Electronic Use Only) By checking this box, you acknowledge that this typed signature serves as an electronic signature.