



# 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:

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Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Known medical conditions or allergies:

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## 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:

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## 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 Spaces

- |                        |                          |                                                                            |
|------------------------|--------------------------|----------------------------------------------------------------------------|
| <b>Possible-opolis</b> | <input type="checkbox"/> | Tuesday-Sunday: 1 or 2 hours shifts between 9:30 am and 5:00 pm            |
| <b>Wilderness</b>      | <input type="checkbox"/> | Tuesday-Sunday: 1 or 2 hours shifts between 9:30 am and 5:00 pm            |
| <b>Art Studio</b>      | <input type="checkbox"/> | Tuesday-Sunday: 1 or 2 hours shifts between 9:30 am and 5:00 pm            |
| <b>Rooftop Ramble</b>  | <input type="checkbox"/> | Tuesday-Sunday: 1 or 2 hours shifts between 9:30 am and 5:00 pm            |
| <b>Camps</b>           | <input type="checkbox"/> | Summer only. Monday-Friday: 8:45 a.m. – 1:15 p.m. / 12:45 p.m. – 5:15 p.m. |
| <b>Special Events</b>  | <input type="checkbox"/> | Saturday/Sunday Daytime                                                    |
|                        | <input type="checkbox"/> | Adult Swim (21 or older): Friday 6:00 – 10:00 pm                           |
|                        | <input type="checkbox"/> | Free Family Night: Wednesday 5:00-8:00 pm                                  |

#### Behind The Scenes

- |                              |                          |                                 |
|------------------------------|--------------------------|---------------------------------|
| <b>Office/Administration</b> | <input type="checkbox"/> | Monday-Sunday: shift times vary |
| <b>Photography</b>           | <input type="checkbox"/> | Monday-Sunday: shift times vary |
| <b>Other</b>                 | <input type="checkbox"/> |                                 |

(Please specify : \_\_\_\_\_ )

#### Commitment

How many hours per week do you want to volunteer: \_\_\_\_\_

How long do you want to volunteer (e.g. 4 months, school year, etc.): \_\_\_\_\_

## 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.