



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: _____

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.)

Availability: Check all that apply

	TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY
<input type="checkbox"/>	9:30-11am	<input type="checkbox"/>	9:30-11am	<input type="checkbox"/>	9:30-11am	<input type="checkbox"/>	9:30-11am	<input type="checkbox"/>	9:30-11am	<input type="checkbox"/>	9:30-11am
<input type="checkbox"/>	11am-1pm	<input type="checkbox"/>	11am-1pm	<input type="checkbox"/>	11am-1pm	<input type="checkbox"/>	11am-1pm	<input type="checkbox"/>	11am-1pm	<input type="checkbox"/>	11am-1pm
<input type="checkbox"/>	1-3pm	<input type="checkbox"/>	1-3pm	<input type="checkbox"/>	1-3pm	<input type="checkbox"/>	1-3pm	<input type="checkbox"/>	1-3pm	<input type="checkbox"/>	1-3pm
<input type="checkbox"/>	3-4:30pm	<input type="checkbox"/>	3-4:30pm	<input type="checkbox"/>	3-4:30pm	<input type="checkbox"/>	3-4:30pm	<input type="checkbox"/>	3-4:30pm	<input type="checkbox"/>	3-4:30pm
		<input type="checkbox"/>	5-8pm			<input type="checkbox"/>	6-9pm				

Behind The Scenes

Cleaning Monday-Sunday: shift times vary
 Photography Monday-Sunday: shift times vary
 Other _____
 (Please specify : _____)

Commitment

How many hours per week do you want to volunteer: _____

Long term or short term? (Short term = <3 mo., long term = >3 mo.) _____

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.