



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

Student 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: _____

Cell Phone: _____ E-mail: _____

Organization Leader's Contact Information (if not the same as above)

Last Name: _____ First: _____ Middle: _____

Position in Organization: _____

Cell Phone: _____ Email: _____

Group/Organization Information

Student Organization Name: _____

What type of Student Organization: _____

Have your organization ever volunteered for the 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-minute orientation, if needed? Yes No

Volunteer Shift

MCM is open seven days a week from 9:30 a.m.–5 p.m. and Thursdays 9:30 a.m.–8 p.m.
Please contact MCM's Volunteer Coordinator for Student Organization Volunteer Assignment.

Office Use Only

Received: _____

Background: _____

****Please have each volunteer complete the following****

Volunteer Contact Information

Last Name: _____ First: _____ Middle: _____

Nickname: _____ Gender: _____ Date of Birth: _____ Age: _____

Current Address: _____ City: _____ State: _____ ZIP Code: _____

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

Home Phone: _____ Cell Phone: _____

E-mail: _____ Join the e-mail update list? Yes No

Background Information

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

Have you ever been convicted of child abuse or neglect? Yes No

Are there pending charges against you for child abuse or neglect? Yes No

Are there any other facts/circumstances that would call into question your being entrusted with the supervision, guidance, or care of children? Yes No

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

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. I certify that the information given above is true and complete to the best of my knowledge. All information shared will be kept confidential.

Signature

Print Name

Date

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