



100 N. Hamilton Street  
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MadisonChildrensMuseum.org

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|------------------------|
| <b>Office Use Only</b> |
| Received: _____        |
| Background: _____      |
| Contacted: _____       |
| Interview: _____       |
| Orientation: _____     |

## Youth Volunteer Application

Date: \_\_\_\_\_

### Volunteer Contact Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Parents/Guardian 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 Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

List any allergies, special needs, physical limitations, or important health condition information:

\_\_\_\_\_

### Group/Organization Information

**(Please fill out this section if you are volunteering in collaboration with a group/organization)**

What is the name of the organization you are volunteering through? \_\_\_\_\_

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

## Volunteer Position

What type of commitment would you like to make as a volunteer?

One-Time: for one event/day      List Date and Shift Time: \_\_\_\_\_

Regularly Scheduled Short Term: 3 months (minimum)       Regularly Scheduled Long Term: 6 months +

If you are applying for a regularly scheduled volunteer position, please list your volunteer position and shift choices (use Position Information below as a reference):

| Volunteer Position | Day of the Week | Shift Time |
|--------------------|-----------------|------------|
| 1.) _____          | _____           | _____      |
| 2.) _____          | _____           | _____      |
| 3.) _____          | _____           | _____      |

## Position Information

(For regularly scheduled volunteers only)

**Choose one position to attend weekly. Shifts are filled on a first-come, first serve basis.**

**Museum is closed on Mondays**

| Volunteer Position   | Shift Times   |
|--|---|
| <b>All in One</b><br><b>Art Aficionado</b><br><b>Guest Guru</b><br><b>Rooftop Ranger</b> | <b>Sunday through Saturday</b><br>9 a.m.–11 a.m.<br>11 a.m.–1 p.m.<br>1 p.m.–3 p.m.<br>3 p.m.–5 p.m.<br><b>First Wednesday of the Month</b><br>5 p.m.–8 p.m.<br><b>First Tuesday of the Month</b><br>8:30 a.m. – 10:30 a.m. |
| <b>Celebrations Captain</b>  | <b>Saturdays and Sundays</b><br>11 a.m.–1 p.m.<br>1 p.m.–3 p.m.<br>3 p.m.–5 p.m.  |
| <b>Log Cabin Leader</b>  | <b>Saturdays</b><br>10 a.m.–noon<br>Occasional weekday shifts may be available  |
| <b>Behind the Scenes</b>   | <b>Monday through Friday</b><br>Shift times vary by department. Times are negotiable  |
| <b>Special Events Crew</b><br><b>Photography Crew</b>                                    | <b>Shift times vary by event. Events typically take place on evenings and weekends. Shifts are 2–4 hours in length.</b>   |
| <b>Sewing Specialist</b>   | <b>This position can be done from the volunteer's home.</b>   |

## Background Information

Have you ever been convicted of a criminal offense?    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:

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## 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.

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**Volunteer Signature**

**Print Name**

**Date**

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

I give MCM my permission for my child to participate in the MCM Volunteer Program

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**Parent/Guardian 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.**