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MadisonChildrensMuseum.org

| |
|------------------------|
| Office Use Only |
| 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 Code: _____

Home Phone: _____ Cellular Phone: _____

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 Information

Name: _____ Relationship: _____ Phone: _____

List any allergies, special needs, physical limitations, or health condition information that you want to share:

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 are you 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: 4 months (minimum) Regularly Scheduled Long Term: 8 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 1 position to attend weekly. Shifts are filled on a first-come, first serve basis.

| Volunteer Position | Shift Times |
|---|---|
| All in One Art Aficionado Concourse Conductor Early Learning Explorer Rooftop Ranger Tinkerer's Workshop | Sunday through Saturday 10:00 am – 12:00 noon 12:00 – 2:00 pm 2:00 pm – 4:00 pm Also on Thursdays 4:00 pm – 6:00 pm 6:00 pm – 8:00 pm |
| Celebrations Captain | Saturdays and Sundays 9:30 am – 12:00 pm 10:30 am – 1:00 pm 12:00 pm - 2:30 pm 1:00 pm – 3:30 pm 2:30 pm – 5:00 pm |
| Log Cabin Leader | Saturdays and Sundays 10:00 am – 12:00 noon 12:00 – 2:00 pm 2:00 pm – 4:00 pm Occasional weekday shifts may be available |
| Special Event Volunteer | Shift times vary by event. Events typically take place on evenings and weekends. Shifts are 2 – 4 hours in length. |
| Sewing Specialist | This position can be done from the volunteer's home. |

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:

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.

Volunteer Signature

Print Name

Date

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

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.