



100 N. Hamilton Street
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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: _____

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.

Volunteer Position	Shift Times
All in One Art Aficionado Guest Guru Rooftop Ranger	Sunday through Saturday 9 a.m.–11 a.m. 11 a.m.–1 p.m. 1 p.m.–3 p.m. 3 p.m.–5 p.m. Also on Thursdays 5 p.m.–8 p.m.
Celebrations Captain	Sundays 11 a.m.–1 p.m. 1 p.m.–3 p.m. 3 p.m.–5 p.m. Saturdays 11 a.m.–1 p.m. 1 p.m.–3 p.m. 3 p.m.–5 p.m.
Log Cabin Leader	Saturdays and Sundays 10 a.m.–noon Occasional weekday shifts may be available
Summer Camp Ambassador (Summer Position only) June 15 – July 30	Monday through Friday 9 a.m.–1 p.m. 1 p.m.–5 p.m.
Special Events Crew Photography Crew	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 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

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.