

# MILWAUKEE PUBLIC MUSEUM

## VOLUNTEER APPLICATION

### GENERAL INFORMATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_  Cell  Home  Work

Other Phone: \_\_\_\_\_  Cell  Home  Work

Date of Birth (required) MM/DD/YYYY: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

OFFICE USE ONLY
Interview _____
Orientation _____
Background _____
Drug Free Form _____
Trained _____

### BACKGROUND

Current/Most Recent Employer: \_\_\_\_\_

Position Title: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Education: \_\_\_\_\_  High School  College  Post Graduate  Other

Degree(s): \_\_\_\_\_

Skills/Hobbies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### AVAILABILITY

Weekly  Bi-Weekly  Monthly

	Morning	Afternoon	Evening		Morning	Afternoon	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

## VOLUNTEER INTERESTS

Which volunteer opportunities are you interested in? (Check all that apply)

- Public Engagement In Exhibits  Special Events  
 Behind the scenes (curatorial, administration, etc.)  Internships

### Exhibits (Public Engagement) Opportunities

#### First Floor

- Streets of Old Milwaukee  
 European Village  
 A Sense of wonder  
 Exploring Life on Earth  
 Puelicher Butterfly Wing  
 Bugs Alive!  
 The Third Planet: Earth  
 Rain Forest

#### Second Floor

- A Tribute to Survival  
 Wisconsin Woodlands  
 North America  
 Wisconsin Archaeology  
 Native Games

#### Third Floor

- Latin America  
 Africa  
 Arctic  
 Asia  
 Living Oceans  
 Pacific Islands  
 Pre-Columbian America  
 Crossroads of Civilization

### Behind-The-Scenes Opportunities

- |                                       |                                               |                                             |
|---------------------------------------|-----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Admissions   | <input type="checkbox"/> Exhibits             | <input type="checkbox"/> Library/Archives   |
| <input type="checkbox"/> Anthropology | <input type="checkbox"/> Geology              | <input type="checkbox"/> Marketing          |
| <input type="checkbox"/> Botany       | <input type="checkbox"/> History              | <input type="checkbox"/> Membership         |
| <input type="checkbox"/> Development  | <input type="checkbox"/> IES (IT)             | <input type="checkbox"/> Planetarium        |
| <input type="checkbox"/> Education    | <input type="checkbox"/> Invertebrate Zoology | <input type="checkbox"/> Vertebrate Zoology |

## OTHER

Do you have any limitations?  Yes  No If Yes, Please Explain:

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### Please list two personal references:

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

### ADULT VOLUNTEER PARTNER STATEMENT FOR AGES 13-17 (Must submit own application)

I agree to become an MPM volunteer & accompany the above-named minor on each volunteer experience.

Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that the information provided in this volunteer application and accompanying resume (if any) is true and complete. I understand that any false information or significant omissions will disqualify me from further volunteer consideration and will be justification for my dismissal from the volunteer program.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Completed forms can be sent to Amanda Stopar at stopara@mpm.edu or mailed to:  
Amanda Stopar, Milwaukee Public Museum, 800 W Wells St., Milwaukee, WI 53233

*Thank you for your interest in volunteering at Milwaukee Public Museum!*

