

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
- Behind the Scenes (Limited Availability)
- Special Events
- Internships
- Docent Tour Guide (3 year commitment minimum)

Public Engagement

First Floor

- Ask Me! Desk
- Bugs Alive!*
- Butterfly Vivarium
- Chocolate Cart in *Rainforest*
- General Store in *Streets*
- Torosaur Diorama

Second Floor

- Bison Hunt Diorama
- Native American Toolkit
- Special Exhibits Carts

Third Floor

- Body Modifications Cart
- Guatemalan Marketplace
- Mummification Cart
in *Crossroads of Civilization*
- Museum Collections Cart
in *Africa*

OTHER

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

Please list two personal references:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

GUARDIAN PERMISSION FOR MINOR VOLUNTEERS AGE 15-17

By signing below, I authorize the applicant listed above to participate as a volunteer at the Milwaukee Public Museum. I also give permission for the Milwaukee Public Museum to seek medical services in the event of an emergency.

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. In addition, I give permission for Milwaukee Public Museum to take and use my photograph for publicity purposes.

Applicant Signature: _____ Date: _____

Completed forms can be sent to Amanda Kopp at Koppa@mpm.edu or mailed to:
Amanda Kopp, Milwaukee Public Museum, 800 West Wells Street, Milwaukee, WI 53233

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

