MILWAUKEE PUBLIC MUSEUM

VOLUNTEER APPLICATION

GENERAL INFORMATION				ICE USE ON	
Name:				view	
Street Address:				ntation	
City/State/Zip:				ground Free Form_	
Email:				ned	
Preferred Phone:				ll Home	work
Other Phone:				ll Home	work
Date of Birth (required) MM/DD/Y					
Emergency Contact Name:					
Relationship to Volunteer:					
Phone 1:					
BACKGROUND					
Current/Most Recent Employer:					
Position Title:					
Previous Volunteer Experience:					
Education:					Other
Degree(s):					
Skills/Hobbies					
AVAILABILITY					
☐ Weekly ☐ Bi-Weekly ☐	Monthly				
Morning Afternoon	Evening		Morning	Afternoon	Evening
Monday \square		Friday			
Tuesday		Saturday			
Wednesday		Sunday			
Thursday					

VOLUNTEER INTERESTS					
Which volunteer opportunities a	re you interested in? (Check all th	at apply)			
Public Engagement In Exhibit	s Sp	ecial Events			
Behind the Scenes (curatorial,	administration, etc.)	ternships			
Exhibits (Public Engagement) C)pportunities				
First Floor	Second Floor	Third Floor			
Streets of Old Milwaukee	A Tribute to Survival	Latin America			
European Village	Wisconsin Woodlands	Africa			
A Sense of Wonder	Bison Hunt	Arctic			
Exploring Life on Earth	Prairie	Asia			
Puelicher Butterfly Wing	South East	Living Oceans			
Bugs Alive!	South West	Pacific Islands			
The Third Planet: Earth	Rocky Mountains	Pre-Columbian America			
Rain Forest	North West Coast	Crossroads of Civilization			
Behind-The-Scenes Opportunities					
Admissions	Exhibits	Library/Archives			
Anthropology	Geology	Marketing			
Botany	History	Membership			
Development	☐ IES (IT)	Planetarium			
Education	☐ Invertebrate Zoology	☐ Vertebrate Zoology			
OTHER Do you have any limitations?	Yes No If Yes, Please E	xplain:			
Please list two personal reference	es:				
Name:	Relationship:	:			
Phone:		Email:			
Name:		Relationship:			
Phone:		Email:			
GUARDIAN PERMISSION FOR By signing below, I authorize the applica	MINOR VOLUNTEERS AGE 15- nt listed above to participate as a volunte Public Museum to seek medical services	17 er at the Milwaukee Public Museum.			
Guardian Name	Relationship	Relationship			
Signature	Date	Date			
understand that any false information o	r significant omissions will disqualify me e volunteer program. In addition, I give j	anying resume (if any) is true and complete. I e from further volunteer consideration and will permission for Milwaukee Public Museum to			
Applicant Signature	Date	Date			
Completed forms can be sent to	Amanda Stopar at stopara@mpm.edu	ı or mailed to:			

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!

