

# MILWAUKEE PUBLIC MUSEUM

## Volunteer Application

### GENERAL INFORMATION

GENERAL INFORMATION		OFFICE USE ONLY	
Name: _____		Interview _____	
Street Address: _____		Orientation _____	
City/State/Zip: _____		Background _____	
Email: _____		Volgistics _____	
Preferred Phone: _____	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Other Phone: _____	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Date of Birth (required) MM/DD/YYYY: _____			
Emergency Contact Name: _____			
Relationship to Volunteer: _____			
Phone 1: _____ Phone 2: _____			

### BACKGROUND

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

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

Availability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## VOLUNTEER INTERESTS

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

- ☐ Public Engagement in Exhibits
- ☐ Collections (Limited Availability)
- ☐ Special Events
- ☐ Internships
- ☐ Docent Tour Guide ( 3 year commitment minimum)
- ☐ Administrative

## 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: _____

### 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: _____
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Completed forms can be sent to Amanda Kopp at [Koppa@mpm.edu](mailto: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!*

**mpm.edu**

