

# 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*
- WI Geology Cart

#### Second Floor

- Bison Hunt Diorama
- WI Archaeology Cart
- Special Exhibits Carts
- Edible Origins

#### Third Floor

- Body Modifications Cart
- Guatemalan Marketplace
- Mummification Cart
- MPM Expeditions in *Africa* Cart

## 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](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!*

