

Personal Information:

First Name: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Emergency Contact: _____ Relationship: _____ Phone: _____
 Are you a student? Yes No
 If yes, name of school/college: _____ Area of study: _____

Why would you like to volunteer? Please check all that apply.

- I am an interested community member.
 - Through my employer volunteer program. Employer: _____
 - To earn service learning or school credit: Number of hours required: _____
 - I am interested in an internship. Type of internship: _____
 - Other: _____
- Have you previously volunteered with us? Yes No

Briefly describe any skills or talents you could share with the Museum and its visitors:

Please indicate your availability:

	Mornings	Afternoons	Evenings
Monday <i>Museum Keepers Only</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Agreement and Signature

- I give the Children's Museum of Fond du Lac permission to use images and video footages: Yes No
 Are there any pending charges against you? Yes No
 Have you ever been convicted of a criminal offense? Yes No

In connection with my application as a volunteer for the Children's Museum of Fond du Lac, I understand that a background check may be performed. I certify that the information above is true and complete to the best of my knowledge. All information shall be kept confidential.

Name (please print): _____ Date: _____
 Signature: _____

For more information on volunteer opportunities, please contact Andrea Welsch at
andrea@cmfdl.org
 920-929-0707