

Personal Information:

First Name:					Last Name:						
Address:					City:			State:			
Phone:					Email:						
Emergency Contact:					Relationship:				Phone:		
Are you a student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No									
If yes, name of school/college:					For college students, area of study:						

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

- To obtain volunteer experience for school program: _____ Number of hours required: _____
 - To earn service learning for college program
 - I am interested in an unpaid college internship. Type of internship: _____
Number of intern hours required: _____
 - I am an interested community member.
 - Through my employer volunteer program. Employer: _____
 - 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"/>	
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"/>

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):			
Signature:			Date:

For more information, please contact Andrea Welsch at andrea@cmfdl.org or via phone at 920-929-0707

Volunteers under the age of 14 must be accompanied by an adult – with both completing this form.