

Date: _____

Personal Information:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer Name: _____ Position: _____

Are you a student? ___no ___yes

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
 to earn service learning or school credit I am interested in an internship
 other: _____

Have you previously volunteered with us? __no __ yes Dates: _____

Summarize your previous volunteer experience: _____

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

Please indicate your availability:

	Mornings	Afternoons	Evenings	Commitment:
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Short-term: 3 months/24 hours minimum <input type="checkbox"/> Long-term: 6 months/8 hours/month minimum <input type="checkbox"/> Other: _____
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"/>	_____

References:

Please list the names, addresses, and phone numbers of three persons you would like to use as references. List only people you have known at least one year. References may not be family members. Previous organizations you have volunteered for are recommended.

Name: _____ Relationship: _____

Address: _____

Email address: _____ Phone number: _____

Name: _____ Relationship: _____

Address: _____

Email address: _____ Phone number: _____

Name: _____ Relationship: _____

Address: _____

Email address: _____ Phone number: _____

Agreement and Signature:

I give the Children’s Museum of Southern Minnesota permission to use images and video footages:

Yes No

In connection with my application as a volunteer for the Children’s Museum of Southern Minnesota, 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 on volunteer opportunities, please contact Brenda Allen at

brenda.allen@cmsouthernmn.org

(507) 344-9108