



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. 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? \_\_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
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Long-term: 6 months/8 hours/month minimum
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other: _____ _____ _____
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](mailto:brenda.allen@cmsouthernmn.org)

(507) 344-9108