



Central Wisconsin Children's Museum Volunteer Application

Name: _____ Date: _____
Last First MI

Home Address: _____ Phone: _____

City/State/Zip: _____

Previous Address: _____

Email Address: _____

Emergency Contact: _____
Name Phone

Are you at least 13yrs of age? Yes ___ No ___ Date of birth: _____

Have you ever been convicted of a crime? Yes ___ N ___ If yes, explain: _____

1) Any previous experience working with children? _____

2) Why do you want to volunteer at CWCM _____

3) How did you hear about us? _____

4) Are you presently employed? Yes ___ No ___ Place of employment: _____

5) Which Volunteer Area interests you?

Art Room Assistant ___ Exhibit Floor Helper ___ Birthday Party Assistant ___ Maintenance ___

Program Assistant ___ Community Outreach ___ Poster Volunteer ___ Event Volunteer _____

6) Which type of volunteer schedule do you prefer? On-Call ___ Regular Schedule ___

7) Special Skills, Interests, Hobbies: _____

8) List 3 of your best attributes: _____

9) Personal references: 1) _____

Name Phone Relationship

2) _____

Name Phone Relationship

3) _____

Name Phone Relationship