



of La Crosse

# Volunteer Application

We are pleased to have you volunteer at the Children's Museum.  
We appreciate your willingness to share your time, talents, and energy with us.

We are looking forward to working with you!

Please complete and return this form to Amanda Verthein, Volunteer Coordinator.

207 5<sup>th</sup> Ave S La Crosse, WI 54601 . (608) 784-2652 . volunteersCMLC@centurytel.net www.funmuseum.org

### General Information: (please print)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Do you prefer to be contacted by:    Home phone    Cell    E-mail    Postal mail

(Volunteer opportunities and updates are sent via email unless specified otherwise.)

### Education / Employment:

Current School / College: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

List any degrees or certifications: \_\_\_\_\_

Clubs: \_\_\_\_\_

Current Employer: \_\_\_\_\_ From \_\_\_\_\_ - \_\_\_\_\_ To \_\_\_\_\_ - \_\_\_\_\_

Position Title: \_\_\_\_\_ Duties: \_\_\_\_\_

### Volunteer Summary:

Please check one:

Volunteer (no required hours to fulfill)

Required volunteer work

What are hours required for:

Class

What Class? \_\_\_\_\_ # of hours required: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Group

What Group? \_\_\_\_\_ # of hours required: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Community Service (ask for reference form)

# of hours required: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Letter Recipient Information:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please circle when you are available:                      Mornings                      Afternoons                      Evenings                      Weekends

Certain hours? \_\_\_\_\_

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**Volunteer Summary (cont):**

How did you hear about the CMLC volunteer program? \_\_\_\_\_

Why do you want to volunteer for CMLC? \_\_\_\_\_

Please check your specific skills / interests (add any not listed):

Sewing	Plumbing	Finish Carpentry	Electrical
Drawing	Scale Design	Photography	Graphic Art
Electronics	Mechanics	Rough Carpentry	Painting Walls
Clerical	Marketing	Computer work	Fundraising
Welding	Painting Murals	Making Signs	Scale Model construction
Other: _____			

*There are many things to do at the museum that are not listed on the "Current Volunteer Opportunity" list. We will work with everyone to find an area that interests you. New volunteer opportunities are always being developed. If you have a particular skill, interest or hobby you would like to share with our staff and/or visitors please contact us!*

**Volunteer Experience:**

Organization: \_\_\_\_\_ Are you currently volunteering? Y N

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Duties: \_\_\_\_\_

Organization: \_\_\_\_\_ Are you currently volunteering? Y N

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Duties: \_\_\_\_\_

**References:**

Please list two personal references (other than family members &amp; who are at least 18 years of age):

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Have you ever been arrested, charged, or convicted of a crime? No Yes

If yes, Explain: \_\_\_\_\_

**Authorization:** I certify that the facts in this application correct and complete to the best of my knowledge. I understand that false information shall be grounds for dismissal from the CMLC volunteer program. I authorize CMLC to check and verify all information on this application.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_**Parent or guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(If volunteer is under age 18)

**Emergency Contact Information**

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Medical Conditions \_\_\_\_\_

Allergies: \_\_\_\_\_