



## Children's Museum of La Crosse Volunteer Application

### Contact Information

Name	First _____ Last _____
Street Address	_____
City ST ZIP Code	City _____ State ____ Zip _____
Home Phone	_____
Cell Phone	_____
E-Mail Address	_____ <i>The Museum uses email to communicate volunteer info.</i>
Date of Birth	_____

### Availability

During which hours are you available to volunteer? Check all that apply and add detail if you wish.

- |   |   |
|---|---|
| <input type="checkbox"/> Weekday mornings   | <input type="checkbox"/> Weekend mornings   |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings   | <input type="checkbox"/> Weekend evenings   |

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How did you hear about the possibility of volunteering at the Children's Museum?

Why are you interested in volunteering at the Children's Museum?

### Interests

What skills/interests of yours might be connected to a volunteer position with the Children's Museum?

- Early Childhood Education
- Child Care
- Sewing
- Art/Crafts
- Construction/Maintenance (building/exhibits)
- Sewing
- Painting

- Facepainting
- Photography
- Help with holiday events
- Help at climbing wall
- Music
- Science
- Foreign Language \_\_\_\_\_
- Other \_\_\_\_\_

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

### Previous Volunteer/Work Experience

Summarize your previous volunteer and/or work experience.

### Person to Notify in Case of Emergency

Name	First _____ Last _____
Relationship to you	_____
Street Address	_____
City ST ZIP Code	City _____ State _____ Zip _____
Home Phone	_____
Work Phone	_____

### Agreement and Signature

Have you ever been arrested, charged or convicted of a crime?

Yes No If yes, explain \_\_\_\_\_

*By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I acknowledge that I may also be asked to complete a Reference Form, and that I may be subject to a background check.*

Name (printed)	_____
Signature	_____
Date	_____

**Thank you for your interest!**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

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