

VOLUNTEER APPLICATION



315 West Genesee Avenue
 P.O. Box 2283
 Saginaw, MI 48605
 Phone: 989-399-6626
 Fax: 989-399-0431
www.michildrensmuseum.com

Please complete this form **OR** sign up at
www.volunteermatch.org

Birth Date:			
Name	Address	Phone Number(s)	E-Mail Address
	Street: City: State/Zip:	Home: Work: Mobile:	

Current Employment:

Company & Address	Job Title	Dates of Employment	Supervisor
Current School/University	Student Comm. Service? Yes___ No___	Michigan Works Program? Yes___ No___	Registered on VolunteerMatch.org? Yes___ No___

Previous Volunteer Experience:

Organization	Assignment	Contact	Phone	Dates of Service

Please check the areas in which you are interested:

<input type="checkbox"/>	Arts & Crafts	<input type="checkbox"/>	Fund Development/Marketing	<input type="checkbox"/>	Early/Elementary Education
<input type="checkbox"/>	Music/Theater	<input type="checkbox"/>	Office Support	<input type="checkbox"/>	2 nd Grade Initiative
<input type="checkbox"/>	Special Events	<input type="checkbox"/>	Social Media	<input type="checkbox"/>	Health/Education/Science

Availability (Indicate preferred days and times):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

List relevant skills or special talents (Ex: Musician, Artist, Education, Science, Technology, Theater, Dance, Martial Arts...)

Describe what you hope to achieve from volunteering and what you can contribute to the Mid-Michigan Children's Museum.

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(OVER)

Volunteer Acknowledgement

1. I will attend orientation training as needed to perform my volunteer duties.
2. I will contact my supervisor immediately if I cannot work my schedule.
3. I will be punctual, conscientious, professional, and courteous in filling my duties.
4. I will consider all information I hear directly or indirectly concerning matters of the Mid-Michigan Children's Museum as confidential.
5. I will follow all terms and conditions of my time volunteering with the Mid-Michigan Children's Museum as well as the duties, responsibilities and obligations of MMCM volunteers.

Volunteer Photo Release

_____ **YES**, I give MMCM the right and permission to publish, without charge, photographs or video taken while I, myself/my child is volunteering. I understand these photographs or videos may be used in publications, including electronic publications, or in audio-visual presentations, promotional literature, and advertising or in other similar ways.

_____ **NO**, the MMCM may not take photographs or videos of me/my child.

In case of emergency, notify	Phone Number(s)
Name:	Home:
Relationship:	Mobile:
	Work:
Applicant Signature: _____	Date: _____
Parent/Guardian Signature (under age 17): _____	

Please note that these are unpaid tasks.