



Volunteer Application

Please complete this form or sign up at www.volunteermatch.org.

Name _____

Home address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____

Cell phone _____ Email address _____

Current Employment

Company & Address _____

Job Title _____

Dates of Employment _____ Supervisor _____

Education

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

Availability (Indicate preferred days and times)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							



Please check the areas in which you have skill in and are interested. If you do not have skills and are not interested in a particular area, please leave it blank.

- | | | |
|---|---|--|
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Office Support |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Musical/Special Talents | <input type="checkbox"/> Marketing/Advertising |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Early/Elementary Education | |
| <input type="checkbox"/> Social Media | | |

List relevant skills or special talents:

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

In case of emergency, please contact:

Name _____ Phone _____

Applicant Signature: _____

Parent/Guardian Signature if Applicant is under age 17 _____

Please note that these are unpaid tasks.

Mail completed application to:

Mid-Michigan Children's Museum
PO Box 2283
Saginaw, MI 48605-2283

(989) 399-6626
Fax (989) 399-0431
info@midmicm.org