



Where learning and play go
hand in hand.

Volunteer Application Form

Name: _____

Date: _____

Address: _____

Phone: _____

Email: _____ Adult: _____ Student: _____

Best time to reach you:

How did you hear about the opportunity to volunteer at the museum?

What days / times are you available to volunteer?

What are you interested in accomplishing as a volunteer?

For Example: Volunteers do many things including but not limited to- Program preparation and facilitation, resetting the museum floor, interacting with guests, and helping with special events!

Please list specific skills you have that support your goals as a volunteer from above:

- 1.
- 2.
- 3.

Why do you want to volunteer at CMAS? _____

What else would you like us to know about you? _____

Reference (other than family):

Name: _____
Phone: _____
Address: _____
Relationship to volunteer: _____

Emergency Contact:

Name: _____
Phone: _____
Address: _____
Relationship to volunteer: _____

Alternate Emergency Contact:

Name: _____
Phone: _____
Address: _____
Relationship to volunteer: _____

If you are a student volunteering for credit:

Group name: _____ School Name: _____
Advisor: _____
Date hours must be completed by: _____
of hours required: _____

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