



# Kenosha Public Museums Volunteer Application

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Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

## IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

## INTERESTS (check all that apply)

Animals  Art  Dinosaurs  Plants  Native American cultures

African cultures  Asian cultures  Rocks & Minerals  Fossils

Other \_\_\_\_\_

## Crafts, Hobbies and Other Interests

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PREVIOUS VOLUNTEER EXPERIENCE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WHY ARE YOU INTERESTED IN BEING A KENOSHA PUBLIC MUSEUM VOLUNTEER?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AT WHICH MUSEUM WOULD YOU LIKE TO VOLUNTEER?**

Kenosha Public Museum

Dinosaur Discovery Museum

Civil War Museum

**AVAILABILITY:**

DAYS \_\_\_\_\_ HOURS \_\_\_\_\_

How did you hear about the Volunteer program?

\_\_\_\_\_  
\_\_\_\_\_

Are you a member of the Friends of the Museum?  Yes  No

**EDUCATION**

\_\_\_\_\_  
School City Degree/Yr Major

\_\_\_\_\_  
School City Degree/Yr Major

**EMPLOYMENT**

Retired From

Current Employer

\_\_\_\_\_  
Employer Address City/State Phone

\_\_\_\_\_  
Job Title Supervisor

**REFERENCES**

\_\_\_\_\_  
Name Phone Number Relationship

\_\_\_\_\_  
Name Phone Number Relationship

I authorize the Kenosha Public Museum to contact references and employers included in my application as it pertains to my volunteer service. I understand that all information collected will be kept confidential. Name \_\_\_\_\_ Date \_\_\_\_\_

## Criminal Records Check Permission Form

I, the undersigned, agree to permit the Kenosha Public Museum to perform a Criminal Information Records Check. I understand that my ability to participate as a volunteer at the Museum will depend upon the results of the Criminal Information Records Check, in accordance with the Kenosha Public Museum policy.

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Legal Name (Please Print)

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Maiden Name (Please Print)

Birth Date

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Current Mailing Address

City

State

Zip

Gender:  Female  Male

Have you ever been convicted of a crime?  Yes  No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Mail to:**  
Kenosha Public Museums  
Attn: Volunteer Coordinator  
5500 First Avenue  
Kenosha, WI 53140

**Fax To:**  
Kenosha Public Museums  
(262) 653-4437  
Attn: Volunteer Coordinator