



# ORGANIZATION MEMBER APPLICATION

**VOLUNTEER CONTACT INFORMATION**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization Name (volunteering with): \_\_\_\_\_

## BACKGROUND INFORMATION

Have you ever been convicted of a criminal offense?  Yes  No

Have you ever been convicted of child abuse or neglect?  Yes  No

Are there pending charges against you for child abuse or neglect?  Yes  No

Are there any other facts/circumstances that would call into question your being entrusted with the supervision, guidance, or care of children?  Yes  No

If checked "yes" for any response, please explain below:

\_\_\_\_\_

\_\_\_\_\_

## AUTHORIZATION AND RELEASE

In connection with my application as a volunteer for Madison Children's Museum, I understand that a background check may be performed (if the applicant is over the age of 18). I certify that the information given above is true and complete to the best of my knowledge. All information shared will be kept confidential.

**If you are under the age of 18, please have a parent or guardian sign.**

I give MCM my permission to use images and video footage.  Yes  No

\_\_\_\_\_  
**Signature** **Print Name** **Date**

**(Electronic Use Only)** By checking this box, you acknowledge that this typed signature is correct and serves as an electronic signature.