



VOLUNTEER GROUP APPLICATION

PRIMARY CONTACT INFORMATION

Today's Date _____ Name _____

Local Address _____ City _____

State _____ Zip _____ Home Phone _____ Work Phone _____

Email _____

What is the best way to get in contact with you? _____

When is the best time of day to contact you? _____

GENERAL ORGANIZATION INFORMATION

Name _____

Affiliation _____ Address _____

City _____ State _____ Zip _____

Are your members over 14 years old? Yes No Are your members over 18 years old? Yes No

In accordance with the Michigan's Youth Employment Standards Act of 1978, if you are between the ages of 14 and 18, you must obtain a work permit before you may volunteer at the Ann Arbor Hands-On Museum.

Do you currently volunteer your time at any other organizations? Yes No

If there are not any volunteer opportunities available at this time, would you like to be put on our volunteer waiting list? Yes No

Why do you want to volunteer at the Ann Arbor Hands-On Museum? _____

How would the Museum benefit from having you as a volunteer? _____

In what area(s) do you wish to volunteer your time? (Please rank 1 – first choice; 2 – second choice, etc.)

_____ Special Events _____ Office _____ Scouts _____ School & Teacher Programs

_____ Demonstrations & Discovery Carts _____ Preschool Gallery _____ Birthday Parties _____ Distance Learning & Technology

_____ Building & Exhibit Maintenance _____ Other _____

Is there anything specific that you would not like to do while volunteering at the Museum? _____

THANK YOU FOR SUPPORTING THE ANN ARBOR HANDS-ON MUSEUM!