



MBCM Volunteer Application

Send the completed application to gbragg@mbcmuseum.com

Contact Information

Name: _____ Date of Birth: _____

E-mail: _____ Phone Number: _____

Mailing Address: _____

Medical Conditions/Special Needs: Yes or No

If yes, explain _____

(Complete parent info if under 18 years)

Parent Name: _____

Parent E-mail: _____ Parent Phone #: _____

Education Information

School Name: _____

Classification/Grade: _____

Degree Program (if applicable): _____

Employment Information

Current/Most Recent Employer: _____

Title/Position Held: _____

Volunteer Experience

Briefly describe any past volunteer experience

Volunteer Time

Tell us how many hours of service needed. We do require a minimum of 20 hours over 3 month period.

Reason for Volunteering

- Just for Fun!
- Requirement (School/Work)
- Court Ordered

Volunteer Type

Please circle one

High School Volunteer
9th - 12th grade

College Volunteer

Adult Volunteer