





Please list two references (with name, telephone number, email address, and relationship to you). The Wisconsin Historical Museum reserves the right to contact references and conduct background checks as necessary.

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Contact in event of an emergency:

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

Any physical limitations we should know about?  No  Yes  
If yes, please describe: \_\_\_\_\_

Some volunteer positions at the Wisconsin Historical Museum may involve exposure to dust or outside elements. Do you have any allergies or sensitivities the Museum should know about?

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Please note that we reserve the right to conduct a criminal background check prior to any volunteer opportunities.

I certify that all information on this application is true and complete to the best of my knowledge, and understand that false information may disqualify me for consideration. I further understand that I will not be paid for volunteering, and authorize WHS to do reference and security checks.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note that completion of this form does not automatically qualify you for acceptance as a Milwaukee County Historical Society volunteer. Interviews and training are required before you can begin volunteer service.

Contact Amanda Balistreri, Events & Engagement, at [abalistreri@milwaukeehistory.net](mailto:abalistreri@milwaukeehistory.net) or 414-273-8288 ext. 19 to set up an interview.

Thank you again for your interest in volunteering with the Milwaukee County Historical Society.