



Museum of Science

Office of Volunteer Services - (617) 589-0380
Science Park - Boston, Massachusetts 02114-1099

Contact Information

Name	Date of Birth
Street Address	
City, State ZIP	
Email address: (the one you check most)	
Telephone Number	
What is the best time for the Volunteer Office to reach you (ideally between 9-5 M-F):	

Education

School Currently Attending	
Street Address	Current Grade
City, State ZIP	
Reference Information: Provide a name and phone number of a teacher, counselor, coach, or employer to serve as a reference for you. Please include a letter of reference from them as well.	
Reference Name:	Reference Phone Number/Email Address
How did you learn about volunteer opportunities at the Museum of Science?	
Have you been involved with any activities or courses at the Museum of Science?	
Why would you like to volunteer at the Museum?	

Please list any previous work or volunteer experience (indicate W or V)

Do you have any hobbies, skills, science projects or special interests? Please tell us about them

Can you speak another language? If so, which?

Youth Volunteer Options

Please indicate which position(s) you are interested in. Check all that apply

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I am able to volunteer:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
AM (9:30 a.m. - 1:00 p.m.)							
PM (12:30 p.m. - 4:00 p.m.)							

_____ Please check here to indicate that you understand the volunteer program commitment requirement, which asks volunteers to commit to one shift per week for 4 – 6 months.

<p>_____</p> <p>Applicants Signature</p>	<p>_____</p> <p>Date</p>
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MoS Junior Volunteer Program

Parent/Guardian Agreement

Name of Applicant:

Dear Parent/Guardian,

Your child is applying for a volunteer position at the Museum of Science. The volunteer position requires a commitment of one shift per week for 4 – 6 months. A shift is a 3.5 hour segment of time during the week. Please indicate below whether this applicant will be able to participate fully in the volunteer opportunity.

Please return this form to your child so that s/he can include it as part of the application packet.

Please feel free to call with any questions and thank you for your support.

Sincerely,

Volunteer Services
Museum of Science
(617)589-0380
Volunteer1@mos.org

The Junior Volunteer Program is a 4 – 6 month commitment at one shift per week. .

Please check one:

- I understand that my child is applying for a Volunteer position at the Museum of Science, and I do not foresee any reason that my child cannot participate fully in this program.
- My child will not be available from _____ to _____ because of (vacation,school, other _____) Please circle.

Please list your child's medical restrictions, requirements, or allergies:

In case of an emergency, please list your child's emergency contact information:

Name:

Relationship:

Address:

Home Phone: Mobile/Work Phone:

The applicant will not be considered for employment until this form is returned to the Museum.

Parent/Guardian Signature:

Date:

Return To:

Volunteer Services, Museum Of Science, Science Park , Boston, MA 02114-0199
Fax: 617-589-0362