



177 Main Street (Route 27)
Acton, MA 01720
(978) 264-4200
www.discoveryacton.org

Teen Volunteer Application

(Volunteers must be ages 14-17 to apply for the Teen Volunteer Program)

Name: _____ Date: _____

Street Address: _____

City/Town: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Education

Name of School

High School: _____ Current Year: _____

Other: _____ Current Year: _____

Volunteer Position

Please check each position you wish to be considered for:

- Explorer:** Engage visitors with our hands-on exhibits to make their visits memorable, educational, and enjoyable.
- Public Programs:** Assist visitors as they challenge themselves to special engineering and art activities.
- Gardens and Grounds:** Help staff maintain outdoor spaces including gardens, grounds, and Discovery Woods.

Which volunteer cycle are you applying for: Spring Summer Fall

Are you available and interested in volunteering for longer than one four-month cycle? Yes No

What days are you available? _____

Tell Us About Yourself!

Why are you interested in volunteering at the Discovery Museum?

What are some of your interests, hobbies, or skills?



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Please list other commitments or extracurricular activities you are involved in:

Former/Current Volunteer or Work Experience

Job or Position	Supervisor/Organization	Dates worked
1.		
2.		
3.		

References

Name and Relationship	Phone Number	E-mail Address	How long have they known you?
1.			
2.			
3.			

(Please note: Relatives do not count as references. Teachers or adults involved in extracurricular activities are great options!)

Please read the following statement carefully before signing

I authorize the Discovery Museum to verify all statements contained in this application. I understand that any misrepresentation or omission of facts is cause for dismissal.

My signature certifies that I have read and agree with the above statements.

Signature

Date