

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

## **Visitor Services Volunteer Application**

(Volunteers must be 18+ to apply for this position)

Name:					_ Date:		
Street Address:							
City/Town:					Zip:		
Home Phone:	Cell Phone:						
Email Address:							
	Educa	tion					
Name of School	Luuca	tion					
High School:	Graduated:	Υ	N	Degree:			
College:	Graduated:	Υ	N				
Other:	Graduated:	Υ	N				
	Availa	bility					
What days are you available?							
Tell Us About Yourself!  Why are you interested in volunteering at the Discovery Museum?							
viriy 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 v	oluliteel work you are involved in	•				
Former/Current Employers						
Job or Position	Organization		Dates worked			
2						
3						
	Referen	ces				
Name and Relationship	Phone Number	E-mail Address	How long have they known you?			
l						
authorize the Discovery Museum to omission of facts is cause for dis	•	-	_			
All applicants 18 years old and olden formation (CORI) background chechecks are reviewed only by the Hurequired by the law.	eck. The results of the check deter	rmine continuation of volunt	eer position offered. The CORI			
My signature certifies that I have rea	ad and agree with the above state	ments.				
Signature			 Date			