

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:		
lome 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				
Availability							
What days are you available?							
Tell Us About Yourself! Why are you interested in volunteering at the Discovery Museum?							
viny 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	volunteer work you are involved in	n:	
	Former/Curren		
Job or Position	Organization		Dates worked
1			
2			
3			
	Professional		
Name and Relationship	Phone Number	E-mail Address	How long have they known you?
1			
2			
3			
I authorize the Discovery Museum or omission of facts is cause for dis	smissal.	I in this application. I understa	and that any misrepresentation
All applicants 18 years old and old Information (CORI) background checks are reviewed only by the H required by the law.	eck. The results of the check dete	ermine continuation of volunt	eer position offered. The CORI
My signature certifies that I have re	ad and agree with the above state	ements.	
 Signature			 Date