

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

Teen Volunteer Application

(Volunteers must be ages 14-18 and in high school to apply for the Teen Volunteer Program)

Name:	Date:			
Street Address:				
City/Town:	Zip:			
Home Phone:	Cell Phone:			
Email Address:				
Educ	ation			
Name of School	ation			
High School:	Current Grade:			
Other:				
Volunteer Position				
Are you available and interested in volunteering for longer than one four-month cycle? Yes No Not Sure 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 e	xtracurricular activities you are inv	volved in:	
Fo	ormer/Current Voluntee	r or Work Experienc	ee
Job or Position	Supervisor/Organization		Dates worked
1			
2			
3			
	Referen	ces	
Name and Relationship	Phone Number	E-mail Address	How long have they known you?
1			
2			
3			
For authorize the Discovery Museum to somission of facts is cause for dismis	•	-	-
My signature certifies that I have rea	ad and agree with the above state	ements.	
Signature			Date