



Museum of Science®

Science Park
Boston, MA 02114-1099

Youth (Ages 14-18) Volunteer Application – Page 1 of 2

| | |
|--|---------------|
| Name | Date of Birth |
| Street Address | |
| City, State ZIP | |
| Preferred Email Address | |
| Mobile Phone | Home Phone |
| Best Time to Reach You (During Office Hours 9-5 M-F) | |

| | |
|----------------------------|---------------|
| School Currently Attending | Current Grade |
| Street Address | |
| City, State ZIP | |

| |
|---|
| How did you learn about volunteer opportunities at the Museum of Science? |
| Have you been involved in any activities or courses at the Museum? |
| Why would you like to volunteer at the Museum? |
| List any previous volunteer or work experience: |

Youth (Ages 14-18) Volunteer Application – Page 2 of 2

Describe any hobbies, skills, science/engineering/technology projects, or special interests:

List languages (other than English) that you can speak:

Thoroughly review the information below, then indicate which program you are applying for.

General Volunteer Program

- If you wish to volunteer for at least four to six months, you must be available for one shift per week.
- Standard shifts are 3.5 hours each, 9:30am-1:00pm OR 12:30pm-4:00pm, unless otherwise specified.

Summer Youth Volunteer Program

- If you wish to volunteer for the summer only, you must be available from beginning of July through beginning of September (Labor Day), for two shifts per week.
 - Summer shifts are 3.5 hours each, 9:30am-1:00pm OR 12:30pm-4:00pm.
 - If you will be unavailable for more than one week of the program, you are not encouraged to apply.
- I will require these specific dates off during the summer:

After reviewing the Museum’s volunteer position descriptions and requirements (http://www.mos.org/support_mos/volunteering), list which program(s) most interest you:

Mark your volunteer availability with an “X” in the boxes below.

| Shift Preference(s) | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|---------------------|-----|-----|-----|-----|-----|-----|-----|
| 9:30am – 1:00pm | | | | | | | |
| 12:30pm – 4:00pm | | | | | | | |
| Other: _____ | | | | | | | |

Provide the name and phone number of a teacher/counselor/coach/supervisor/employer to serve as a reference for you. Please also include a letter of reference from that individual.

| | |
|----------------|------------------------|
| Reference Name | Reference Phone Number |
|----------------|------------------------|

Applicant’s Signature

Date



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**Parent/Guardian Agreement
to Accompany Youth Volunteer Application for:**

Dear Parent/Guardian:

Your child is applying for a volunteer position at the Museum of Science.

- The *General Volunteer Program* requires a commitment of at least four to six months, for one shift per week. Standard shifts are 3.5 hours each, 9:30am-1:00pm OR 12:30pm-4:00pm, unless otherwise specified.
- The *Summer Youth Volunteer Program* requires a commitment from beginning of July through beginning of September (Labor Day), for two shifts per week. Summer shifts are 3.5 hours each, 9:30am-1:00pm OR 12:30pm-4:00pm. Youth who will be unavailable for more than one week of the program are not encouraged to apply.

Please return this signed form to your child so that s/he can include your consent as part of the application. S/he will not be considered for volunteering until this form is received by our office.

- 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 on these specific dates because of (please circle) vacation/camp/classes/other:

Please describe your child's medical restrictions, requirements, or allergies.

[Empty box for medical restrictions, requirements, or allergies]

Please provide your child's emergency contact information.

| | | |
|---------------------------------|------------|---------------|
| Name | | Relationship |
| Street Address, City, State ZIP | | Email Address |
| Mobile Phone | Home Phone | Work Phone |

Do not hesitate to contact our office with any questions or concerns. We thank you for your support!

Sincerely,

Office of Volunteer Services
Museum of Science
Science Park
Boston, MA 02114-1099

Tel: (617) 589-0380
Fax: (617) 589-0362
Email: Volunteer1@mos.org

Parent/Guardian Signature

Date