



Volunteer Services

Museum of Science

1 Science Park
Boston, MA 02114-1099

Confidential Youth Volunteer Application

fax 617-589-0362

email volunteers@mos.org

Volunteer Services 617-589-0380,

mos.org/volunteer-opportunities

An Equal Opportunity Employer. M/F/D/V.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, gender identification, marital or veteran status, ancestry, genetic information, military service, and any other category protected under applicable federal, state, or local law. The Museum of Science does not discriminate, on the basis of disability, against any individual who chooses to participate in any programs, service, venue, or activity.

Please print clearly and complete all sections.

Date Are you between the ages of 14 and 18? Yes No
If over 18, please use the adult volunteer application.

Name First Middle Last

Home address Number Street Apartment

City State Zip

Email

Current telephone Home Cell

When is the best time for the volunteer office to reach you (volunteer office hours: Mon - Fri, 9:00 a.m. - 5:00 p.m.)?
Which number do you prefer we use?

Education

School currently attending School name Address Current grade

Employment/Volunteer History

Please list any previous work, volunteer, or intern experience. Begin with your most recent employment.

Employer/Organization Position held Dates

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Volunteer Specifics

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

General Volunteer Program

- If you wish to volunteer for four to six months, we ask that you be available for ONE shift per week.
Standard shifts are 3.5 hours each, 9:30 a.m. - 1:00 p.m. OR 12:30 p.m. - 4:00 p.m., unless otherwise specified.

Summer Youth Volunteer Program

- If you wish to volunteer for the summer only, we ask that you be available from the beginning of July through the beginning of September (Labor Day), for TWO shifts per week.
Summer shifts are 3.5 hours each, 9:30 a.m. - 1:00 p.m. OR 12:30 p.m. - 4:00 p.m.
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:

Volunteer Specifics (continued)

After reviewing the Museum's volunteer position descriptions and requirements (mos.org/volunteer-opportunities), list which program(s)

most interest you: _____

Please indicate your first (#1) and second (#2) choices of shifts for which you are available to volunteer.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
A.M. Shift (9:30 a.m. – 1:00 p.m.)							
P.M. Shift (12:30 p.m. – 4:00 p.m.)							

How did you learn about volunteer opportunities at the Museum of Science?

Museum employee Museum volunteer Volunteer match mos.org Other _____

Have you been involved in any activities or courses at the Museum? Yes No

Why would you like to volunteer at the Museum?

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

References

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.

Name _____ Telephone _____

Applicant's Signature _____ Date _____



Volunteer Services

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1 Science Park
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Dear Parent or Guardian of:

Youth Volunteer Applicant's Full Name

Your child is applying for one of the following volunteer positions at the Museum of Science:

General Volunteer Program

- If he/she wishes to volunteer for four to six months, we ask that he/she be available for **ONE** shift per week.
- Standard shifts are 3.5 hours each, 9:30 a.m. – 1:00 p.m. OR 12:30 p.m. – 4:00 p.m., unless otherwise specified.

Summer Youth Volunteer Program

- If he/she wishes to volunteer for the summer only, we ask that he/she be available from the beginning of July through the beginning of September (Labor Day), for **TWO** shifts per week.
- Summer shifts are 3.5 hours each, 9:30 a.m. – 1:00 p.m. OR 12:30 p.m. – 4:00 p.m.
- 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 be unavailable on these specific dates: _____
because of the following reason(s). Please check all that apply:

Vacation Camp Classes Other _____

Parent/Guardian Signature

Date

Parent/Guardian Phone Number

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

Sincerely,

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Email: volunteers@mos.org