



**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](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



**Museum of Science**  
 Science Park  
 Boston, MA 02114-1099

**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.**

**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

