

American Textile History Museum  
491 Dutton Street  
Lowell, MA 01854  
978-441-0400 ext 243

**TEEN VOLUNTEER/INTERN APPLICATION FORM**

Part I: TO BE COMPLETED BY APPLICANT

DATE: \_\_\_/\_\_\_/\_\_\_

NAME

*Last*

*First*

*M.I.*

ADDRESS

*Street*

*City*

*State*

*ZIP*

TELEPHONE (home):

EMAIL

PARENT OR GUARDIAN NAME:

WORK ADDRESS:

TELEPHONE (work):

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

GUIDANCE COUNSELOR OR DESIGNATED SCHOOL PERSONNEL: \_\_\_\_\_

Person to contact in an emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

DAYS PREFERRED:

HOURS PREFERRED:

T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_ SA \_\_\_ SU \_\_\_ \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

Why would you like to work at the American Textile History Museum?

Please list any previous volunteer/intern experience:

Check One: I am under 18 years of age \_\_\_\_\_ I am over 18 years of age \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PART II TO BE COMPLETED BY THE PARENT OR GUARDIAN, if under 18**

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Would Transportation Difficulties Limit Your Child's volunteer/intern Service? \_\_\_\_\_

How would you rate your teen's health status? Excellent \_\_\_ Good \_\_\_ Fair \_\_\_\_\_

Does your teen have any physical limitations? \_\_\_\_\_

I do \_\_\_ give my full consent to have my teen volunteer/intern his/her services at the American Textile History Museum.

I do \_\_\_ authorize the American Textile History Museum to contact my child's guidance counselor or designated school personnel.

DATE \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_