

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 _____