



AMERICAN
TEXTILE
HISTORY
MUSEUM

491 Dutton Street, Lowell, MA 01854 •978-441-0400, ext. 251• Fax: 978-441-1412

Volunteer Application

Contact Information	
Name	
Street Address	
City, State , Zip	
Home Phone	
Work Phone	
E-Mail Address	

How did you learn about us?

Why would you like to volunteer at ATHM?

Availability						
During which hours are you available for volunteer assignments?						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
_morning	_morning	_morning	_morning	_morning	_morning	_morning
_afternoon	_afternoon	_afternoon	_afternoon	_afternoon	_afternoon	_afternoon
Areas of Interest						
Tell us in which areas you are interested in volunteering						
<hr/>						
<input type="checkbox"/> Gallery Docent (2-3 hours a week for length of special exhibit, 1 training session)						
<input type="checkbox"/> Development (Special Events, Fund Raising, Mailings)						
<input type="checkbox"/> Curatorial Assistants and Technicians						
<input type="checkbox"/> Library						
<input type="checkbox"/> Reservations						
<input type="checkbox"/> Administration (Accounting, Filing)						
<input type="checkbox"/> Facilities (Maintenance)						

Previous Volunteer/Work History		
Are you employed now? _____ Employer: _____		
Address: _____ Phone: _____		
List most recent employment and volunteer positions		
Company/Organization	Position	Dates
Education		
Please list any relevant degrees, certificates, courses of training.		
School	Course, Degree or Certificate	
Skills, Interests, Hobbies		
References (2)		
Name	Address	Telephone
Person to Notify in Case of Emergency		
Name	Relationship to you:	
Street Address	City ST ZIP Code	
Home Phone	Work Phone	
Agreement and Signature		
<p>I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the American Textile History Museum from any liability, whatsoever for supplying such information.</p> <p>I understand that I will not be paid for my services as a volunteer.</p>		
<p>___ I am 18 years or older.</p>		
Name (printed)		
Signature	If email (just print name)	
Date		
Our Policy		
<p>It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.</p> <p>Thank you for completing this application form and for your interest in volunteering with us.</p>		