American Textile History Museum
www.athm.org

Date:____/____/_____

491 Dutton Street, Lowell, MA 01854 ▪978-441-0400, ext. 243, Coordinator of Volunteer and Visitor Services▪ Fax: 978-441-1412

Volunteer Application

Contact Information	
Name	
Street Address	
City, State , Zip	
Home Phone	
Work Phone	
E-Mail Address	
Social Security Number	_ _

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
___ Museum Docent (Extensive Training Program) (Giving tours for visitors)
___ Gallery Volunteer (1 training session) Welcome visitors; help maintain gallery inter-actives)
___ Development (Fund Raising, Mailings, Special Events,)
___ Education
___ Administration (Accounting, Filing, etc.)
___ Other
___
___

Previous Volunteer/Work History

Are you employed now?_____ Employer:_____

Address:_____Phone:_____

E-mail address:_____

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

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.

I understand that I will not be paid for my services as a volunteer.

Offers are conditional upon a satisfactory criminal background investigation. (CORI)

___ I am 18 years or older.

Name (printed)	
Signature	If email (just print name)
Date	

Our Policy

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.

Thank you for completing this application form and for your interest in volunteering with us.