

HMSC Volunteer Program Application

Name:			
	Apartment /Unit		
City:	State:	Zip Code:	
Phone:			
E-mail address:			
How did you learn about the HMSC volunteer program	m?		
Why are you considering the Harvard Museums of Sc	ience & Culture fo	r your volunteer experience?	
What are you hoping to gain/accomplish through volu	inteering at the HM	ISC?	
Are you currently employed or pursuing your education	on? If so, where?		
Have you any previous museum volunteer experience	?		

Have you any other relevant work experience (volunteer or professional)? Which of the volunteer opportunities below engages your interest? HMSC Public Programs Museum Ambassador (occasional as needed) HMSC Family Festival Activity Facilitator (occasional as needed) HMNH Gallery Guide informal visitor engagement (regular weekly shift) HMNH Nature Story Time Reader (Saturday and Sunday 11am and/or 2pm) Sketching in the Galleries Activity Facilitator (flexible shift) Other (please specify)_____ Please indicate your availability for volunteering: Weekdays 9:00am – 5:00pm Preferred day and time: Weekends 9:00am – 5:00pm Preferred day and time: References (please provide two): Name: _____ Phone or email: _____ Name: _____ Phone or email: _____ I understand that the information on this form will be confidential. I certify that the information given above is true to the best of my knowledge. Name: Date: For HMSC use only: Application received: Interview date: Interviewed by: Forwarded to: _____ at HMSC Museum: ____ Invited: Yes No_____ Training Topic: ____ Inactive Status Date: