



American Textile History Museum  
 491 Dutton Street  
 Lowell, Massachusetts 01854  
 P: 978-441-0400 F: 978-441-1412  
 www.athm.org

# Volunteer Application

Contact Information	
Name:	
Street Address:	
City, State, Zip:	
Best Phone:	( __ Home __ Work __ Cell)
E-Mail Address:	
Social Security:	- - (Due to our children's' programs, we must have a CORI check)

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:
<input type="checkbox"/> Museum Docent (Extensive Training Program ) (Giving tours for visitors)
<input type="checkbox"/> Gallery Volunteer (1 training session) Welcome visitors; help maintain gallery inter-actives)
<input type="checkbox"/> Development (Fund Raising) <input type="checkbox"/> Education <input type="checkbox"/> Administration (Accounting, Filing, etc.)
<input type="checkbox"/> Other (Please List)

Skills, Interests, Hobbies

Person to Notify in Case of Emergency
Name: _____ Phone: _____

Agreement and Signature
It is the policy of ATHM 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. The Museum reserves the option of politely declining your offer of volunteer work upon completion of a criminal background investigation (CORI).
By signing below, I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I also understand that I may be working with confidential information and pledge to honor the confidential nature of that information. I understand that I will not be paid for my services as a volunteer other than the gratitude of all the staff here at the ATHM.

<input type="checkbox"/> I am 18 years or older.      Name (printed): _____	
Signature: _____	Date: _____