**HMSC Volunteer Program Application**

**Personal Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pronouns:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spoken languages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apartment /Unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Availability and role preferences: (check all that apply)**

**I am able to make a minimum 3-month commitment to the HMSC Volunteer Program**

**I prefer a regular weekly or biweekly volunteer shift** (minimum 6 hours per month)

***EPS (Rocks & Minerals) Gallery Greeter*** (morning or afternoon shift on weekdays or weekends)

***Gallery Activity Facilitator*** (morning or afternoon shift on weekdays or weekends)

***Glass Flowers Gallery Greeter*** (morning or afternoon shift on weekdays or weekends)

 ***Sketching Facilitator*** (morning or afternoon shift on weekdays or weekends)

 **Weekdays 9am–5pm** Preferred day:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shift time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Weekends 9am–5pm**  Preferred day:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shift time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I prefer a flexible schedule of occasional evenings (5- 9pm),** **weekends, and holidays**

 ***HMSC Story Time Reader***(weekends at 11am and 2pm)

***HMSC Festival******Facilitator*** and ***Event Ambassador*** (e.g. Summer Solstice, I <3 Science, Day of the Dead, evening lectures, ArtsThursdays evenings)

The Harvard Museums of Science & Culture is committed to an inclusive museum experience and invites everyone to participate in programs and activities. If you anticipate needing any type of accommodation to participate as a volunteer, please contact us at carolcarlson@hmsc.harvard.edu.

**Please respond to the following questions:**

Why have you chosen the Harvard Museums of Science & Culture as a location for your volunteer work?

Do you have previous volunteer experience? If so, where? What has been your favorite part of being a volunteer?

What skills, interests, passions, education, and/or work experience would you bring to the HMSC Volunteer Program?

What do you hope to gain /accomplish from volunteering at the HMSC?

**Personal Reference:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone or email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*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.*

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_