



365 East St
Tewksbury, MA 01876

978-851-7321 ext.2606 PUBLICHEALTHMUSEUM.ORG phmuseum@gmail.com

Volunteer/Internship Application

NAME of VOLUNTEER/INTERN DATE

MAILING ADDRESS CITY STATE ZIP CODE

E-MAIL ADDRESS HOME PHONE # MOBILE PHONE #

I prefer to be contacted by: E-mail Phone Any

Availability

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TIME						

I would like to volunteer:

- As often as possible
 Special Events/Projects only
 Once a month
 Once a week

I would be interested in volunteering for the following departments (check all that apply; this is not a commitment):

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Development | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Visitor Relations |
| <input type="checkbox"/> Education | <input type="checkbox"/> Collections | <input type="checkbox"/> Any |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Administrative | <input type="checkbox"/> Other: _____ |

Experience/Skills that you would like to volunteer to the Museum:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Office/Computer Skills | <input type="checkbox"/> Photography | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Writing Skills | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mailings | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Prefer to work with:

- | | | |
|---------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Children | <input type="checkbox"/> All Ages |
|---------------------------------|-----------------------------------|-----------------------------------|

Hobbies/Interests:

- | | | |
|--------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Drama | <input type="checkbox"/> Sewing | <input type="checkbox"/> Research |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Antiques | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Geology | <input type="checkbox"/> Knitting | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Teaching | <input type="checkbox"/> Other: _____ |

Why do you want to volunteer at the Public Health Museum in Massachusetts?

Are you interested in receiving information about becoming a museum member?

- | | | |
|------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No, not at this time | <input type="checkbox"/> I'm already a member |
|------------------------------|---|---|

Please Return to:
The Public Health Museum in Massachusetts
ATTN: Volunteer Coordinator
365 East ST
Tewksbury, MA 01876