



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?

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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