



Volunteer Office
 57th Street and Lake Shore Drive
 Chicago, Illinois 60637



Phone: 773-753-1382
 Fax: 773-753-1357

TEEN VOLUNTEER APPLICATION

PERSONAL INFORMATION				
Last Name	First Name	Middle Initial	Today's Date	
Current Street Address			Date of Birth (mm/dd/yyyy) / /	
City	State	Zip Code	LAST DIGITS of your Social Security #:	
E-Mail Address:		Do you check your e-mail daily? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone: () -	
The best way to contact you: <input type="checkbox"/> Phone <input type="checkbox"/> E-Mail			Cell Phone: () -	
Have you previously been or applied to be a volunteer at MSI?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when:	Please Circle: Male Female	
How did you hear about our volunteer program? (please circle) Walk-in Media Friend School Web Page Other (please explain):				
WORK EXPERIENCE (IF APPLICABLE)				
Current Job Title		Dates of Employment		
Employer's Name		Address		
City/State/Zip Code		Phone		
EDUCATION				
High School		City/State:		
Name of Service Learning Coach:		Circle Grades Completed: 9 10 11 12		
List any hobbies, groups or activities in which you participate:				

VOLUNTEER EXPERIENCE

List previous volunteer experiences:

Briefly state why you would like to volunteer with the Museum of Science and Industry:

SPECIAL SKILLS

List any special skill you possess or language in which you are fluent that would be an asset to the Museum volunteer program:

EMERGENCY CONTACT INFORMATION

Parent/Guardian Name:

Relationship:

Day/Work Phone:

Evening/Cell Phone:

In Case of emergency, contact:

Relationship:

Day/Work Phone:

Evening/Cell Phone:

TEE SHIRT SIZE

Tee Shirt Size:

 Small Medium Large Extra Large**TEEN VOLUNTEER APPLICANT'S STATEMENT**

If I am accepted into the MUSEUM OF SCIENCE AND INDUSTRY'S volunteer program, I agree that I will abide by the requirements of the program, policies and procedures of the Museum, and commit to volunteer regularly for the specified duration of the selected program in which I participate to receive credit for my volunteer contribution.

Signature: _____ Date: _____

Parent/Guardian

Signature: _____ Date: _____

Parent/Guardian

E-mail Address: _____