



PLIMOTH
PLANTATION

Student Volunteer Program Application

Where volunteers make a difference.

Name _____ Date _____ Male/Female _____

Address _____

City State Zip _____

Home phone _____ Cell phone _____

Email _____ Date of birth _____

School _____ Grade _____

Emergency contact: name/relationship/phone _____

Extracurricular activities (clubs, sports etc.) _____

AVAILABILITY

Total hours per week _____ All year _____ School year _____ Summer _____

Please check off your hours of availability below

Day	MON	TUE	WED	THU	FRI	SAT	SUN
Morning							
Afternoon							

Are you available for Holidays Special events

AREAS OF INTEREST/SKILLS

- Animals
- Education
- Plimoth Cinema
- Clerical
- Foreign language
- Sign language
- Computer
- Horticulture
- Special events
- Crafts
- Maintenance
- Textile arts

Other interests/skills _____

VOLUNTEER EXPERIENCE

Do you have previous volunteer experience? _____ If yes, where? _____

How did you hear about volunteering at Plimoth Plantation? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Plimoth Plantation volunteer | <input type="checkbox"/> Plimoth Plantation publication |
| <input type="checkbox"/> Plimoth Plantation staff member | <input type="checkbox"/> Friend/Relative |
| <input type="checkbox"/> Plimoth Plantation website | <input type="checkbox"/> High School Program |

Signature _____ Date _____

Note: There is an agreement for a three-month commitment (40 hours) for anyone wishing to join the volunteer program at Plimoth Plantation.

TO BE COMPLETED BY PARENT/GUARDIAN

Parent/guardian name _____

Address _____

City State Zip _____

Home phone _____ Work phone _____

Cell phone _____ Email _____

Applicant's Physician _____ Phone _____

If photographed, I agree that my child's image may be used by Plimoth Plantation.

I certify that all information provided in order to apply for volunteer work with Plimoth Plantation is true, complete and correct.

I expressly authorize, without reservation, Plimoth Plantation, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided in this application, resume or interview.

I give my full consent for this child to volunteer at Plimoth Plantation and agree to the three-month (40 hours) commitment.

Signature _____ Date _____

Please print name _____

Denise Brouillette Nichols
Manager, Volunteer & Intern Program

Plimoth Plantation®
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508-746-1622 ext. 8203
www.plimoth.org

Office Use Only

Date Received _____

Interview _____

Orientation _____

Start Date _____

Department _____