



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 (optional) _____
 Emergency Contact: name/relationship/phone _____

 Extracurricular Activities (clubs, sports, etc.) _____

Availability

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

Please check off your preferred hours of availability below

| DAY | MON | TUE | WED | THU | FRI | SAT | SUN |
|-----------|-----|-----|-----|-----|-----|-----|-----|
| Morning | | | | | | | |
| Afternoon | | | | | | | |

Are you available for Holidays Special events

Skills

- Animals
- Education
- Clerical
- Foreign Language
- Sign Language
- Computer
- Horticulture
- Crafts
- Maintenance
- Textile Arts
- Marketing/PR
- Marine

Other skills

Areas of Interest

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 _____

Note; This 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 image may be used by Plimoth Plantation.

I certify that all information I have 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 by me in this application, resume or interview.

Signature _____ Date _____

Please print name _____

Denise Brouillette Nichols
Manager, Volunteer & Intern Program
Plimoth Plantation[®]
P.O. Box 1620, Plymouth MA 02362-1620
508-746-1622 ext. 8203
www.plimoth.org

Office use only
Date received _____

Interview _____
Orientation _____
Start Date _____
Department _____