

MARIAN KOSHLAND
SCIENCE MUSEUM
OF THE NATIONAL ACADEMY OF SCIENCES

6th & E Streets, NW, Washington, DC 20001

Volunteer Application

Name: _____

Address: _____

City/State/Zip: _____

Phone: (Daytime) _____ (Evening) _____

E-mail: _____ Fax: _____

Education: (please complete all that apply)

High School _____ Diploma? _____ Yes _____ No

College/University _____ Years completed: _____ Major: _____ Degree? ___ Yes ___ No

Master's Degree Program _____ Years completed: _____ Major: _____ Degree? ___ Yes ___ No

Doctoral Degree Program _____ Years completed: _____ Major: _____ Degree? ___ Yes ___ No

Experience:

Current/most recent employer: _____

Your title/position: _____ Years of Service: _____

Previous employer: _____

Your title/position: _____ Years of Service: _____

Current/most recent volunteer position (name of organization): _____

Your duties: _____ Years of Service: _____

Current/most recent volunteer position (name of organization): _____

Your duties: _____ Years of Service: _____

Skills and Interests: (please check all that apply)

Public speaking _____ Customer Service _____ Foreign Languages Spoken: _____

Fluency: Basic _____ Conversational _____ Fluent _____

Office Skills: _____ data entry _____ MS Access _____ MS Word _____ MS Excel _____ Internet Search

Please list your hobbies and personal interests:

Koshland Science Museum Volunteer Program:

Why would you like to be a volunteer for the Koshland Science Museum? (use reverse side if necessary)

Please describe in detail your professional experience and/or personal interest in science and how that would enhance your volunteer experience with the Koshland Science Museum: (use reverse side if necessary)

Please indicate your volunteer shift preference (1, 2, 3):

Weekdays except Tuesday: 10:00 am to 2:00 pm ____
2:00 pm to 6:00 pm ____

Saturday/Sunday: 10:00 am to 2:00 pm ____
2:00 pm to 6:00 pm ____

References: (not related to you)

Mr./Ms. _____

Title and/or Organization: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____ E-mail: _____

Mr./Ms. _____

Title and/or Organization: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____ E-mail: _____

Please return completed application by fax to 301-530-8299 or by E-mail to ksm@nas.edu or by mail to:

Marian Koshland Science Museum
Attn: Volunteer Program Application
500 5th Street, NW, NAS 274
Washington, DC 20001