

Fort Devens Museum
Volunteer Application Form

Name (Print): _____

Address: _____

Telephone: _____

Email address: _____

Background/Experience: _____

What interests you in becoming a volunteer at the Museum: _____

Military service or connection with Fort Devens: _____

Volunteer Opportunity Preference
Check as many preferences as you feel you can help with.

I would like to Participate:

I can be available to volunteer at the Museum on:

Tuesdays Fridays 3rd Saturday each month

Collection Organization Fund Raising Membership

Programs and Displays Past Projects Digitizing records

Event Planning Oral Histories Photo Displays Mailing

Signature: _____ Date: _____

FORT DEVENS MUSEUM
www.fortdevensmuseum.org
94 Jackson Road, Suite 305
Devens, MA 01434
978-772-1286