

**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    3<sup>rd</sup> 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**