



Boston Visitor Center Volunteer Application Appalachian Mountain Club

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Are you 18 years of age or older? Yes No

EDUCATION:

High School: _____ Year of Graduation: _____

College: _____ Year of Graduation: _____

Other School or Special Training: _____

EMPLOYMENT:

Present / Last Employer: _____ From: _____ To: _____

Position held: _____ Reason for leaving: _____

Previous Employer: _____ From: _____ To: _____

Position held: _____ Reason for leaving: _____

Emergency Contact:

Person(s) to contact in the event of an emergency during your volunteer time

Name: _____ Phone: _____

Name: _____ Phone: _____

Are you a member of the Appalachian Mountain Club? Yes No

If so, what chapter do you belong to? _____

Have you volunteered for the Appalachian Mountain Club before? Yes No

If so, when, what did you do, and for how long?

Please list your computer skills:

Please list any other volunteer experience and/or community activities (where, when, what kind of work):

Why do you want to volunteer at the Appalachian Mountain Club?

When are you available to volunteer?

Time	Monday	Tuesday	Wednesday	Thursday	Friday
9:00 am – 1:00am					
1:00 pm – 5:00 pm					

How did you find out about us?

AMC website

Chapter website

Chapter newsletter

Friend or Family

Outdoors magazine

Other: _____

Please return this application by mail, email, fax, or in person to:

Cindy Martell
Appalachian Mountain Club
5 Joy Street
Boston, MA 02108
617-391-6603
Email: cmartell@outdoors.org

Fax: 617-523-0722