



LOWELL OBSERVATORY VOLUNTEER APPLICATION

PLEASE COMPLETE THIS FORM AND RETURN TO:
KEVIN SCHINDLER
LOWELL OBSERVATORY
1400 W. MARS HILL RD.
FLAGSTAFF, AZ 86001
928-233-3210

Name _____ Date _____

Address _____

Phone (____) _____ E-mail _____ Are you 16 years or older? _____

List any special skills, interests and educational training that may be pertinent to
volunteering at Lowell Observatory _____

Do you have reliable transportation? _____

Check positions you would be interested in:

Daytime

- Docent
- Office Assistant
- Grounds Assistant
- Fundraising Assistant
- Instrument Shop Assistant
- Marketing Assistant
- Library/Archives Assistant
- IT/Computing Assistant

Nighttime

- Portable Telescope Operator
- Docent

How many hours per week are you interested in volunteering? _____

When are you available to start volunteering? _____

PLEASE COMPLETE REVERSE SIDE

Driver's License Number _____ State _____

Social Security Number _____

Other than parking tickets have you been convicted of any law violation or released from prison in the past seven years? _____ If yes, explain below. A conviction record will not necessarily disqualify you from volunteering at Lowell Observatory but failure to complete this item will.

REFERENCES

Please list three friends or employers who have known you for at least two years:

Name _____ How long have you known this person? _____

Daytime Phone _____ Nighttime phone _____

Name _____ How long have you known this person? _____

Daytime Phone _____ Nighttime phone _____

Name _____ How long have you known this person? _____

Daytime Phone _____ Nighttime phone _____

I certify that all of the information given by me on this form is true to the best of my knowledge.

Volunteer's Signature

Date