



# 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