



**Dundalk-Patapsco Neck
Historical Society and Museum, Inc.**

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VOLUNTEER APPLICATION

Name: _____

Address: _____

Home Phone.: _____ Cell Phone.: _____

Email: _____

Emergency Contact:

Name: _____ Relationship: _____

In What Positions Are you Interested? _____

Qualifications: _____

Interests: _____

Days/Hours Available: _____

Employer (or Retired From): _____

References

Name Phone / Email

Name Phone / Email

TO BE COMPLETED BY VOLUNTEER COORDINATOR

Attended Training Session (Date): _____ Completed 30 Day Probationary Period

Comments: _____
