



Havre de Grace Maritime Museum

Where Bay Life Begins

Volunteer Application

Contact Information

Name: _____ Museum Member: Yes _____ No _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (Home) _____ (Cell) _____
Email: _____

Emergency Contact Information

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (Home) _____ (Cell) _____

Background Information

Occupation: (Current or Previous) _____
Related Job Skills: _____
Education: _____
Previous Volunteer Experience: _____
Other Relevant Experience: _____

Experience and Skills (check all that apply)

<input type="checkbox"/> Typing	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Sales (gift shop)
<input type="checkbox"/> Filing	<input type="checkbox"/> Telephone	<input type="checkbox"/> Publicity
<input type="checkbox"/> Reception (front desk)	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Research
<input type="checkbox"/> Art Design	<input type="checkbox"/> Carpentry/Woodwork	<input type="checkbox"/> Teaching
<input type="checkbox"/> Photography	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Crafts
<input type="checkbox"/> Documentation	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Office Tasks	<input type="checkbox"/> Tour Guide/Docent	<input type="checkbox"/> Grant Writing
<input type="checkbox"/> Children's Programming	<input type="checkbox"/> Archiving	<input type="checkbox"/> Computer

Days and Hours Available to Volunteer

Wednesdays _____ Thursdays _____ Fridays _____
Saturdays _____ Sundays _____

Restrictions

Please list any restrictions, physical limitations or medical conditions which would impact
volunteering at the Museum. _____

