



Volunteer Application

General Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I am an adult volunteer over age 18: ____ I am a student volunteer under age 18: ____

Guardian/Emergency Contact Information

Emergency Contact Person _____

Relationship to you: _____ Phone: _____

Do you have any allergies or physical ailments we should be aware of in case of an emergency?

Your Background

Current or former Occupation or Title? _____

Are you retired? ____ Employer _____

Duties: _____

Tell Us More

What do you want to get out of your volunteer experience? _____

How did you learn about our volunteer program? _____

Interests or hobbies: _____

Computer skills: _____

Other skills: _____

Previous volunteer experience: _____

Do you speak a foreign language or know sign language? If so, please specify: _____

Membership

Are you a current member(s) of the Chesapeake Bay Maritime Museum? ___ Yes ___ No

Days and times available to volunteer at the Chesapeake Bay Maritime Museum:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning
<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon

In which areas of the Museum are you most interested in volunteering?

Administrative

- Data Entry
- Office Administration
- Reception/Phones

Visitor Services/Admissions

- Visitor Services/Cashier
- Marina Operations

Curatorial/Library

- Cataloging
- Research

Education

- Sailing Program
- Tour Guide
- Exhibit Host
- Children's Programs
- School Tours

Exhibits

- Fabrication/Maintenance

Model Boat Clubs

- Model Guild
- Model Sailing Club

Museum Advancement

- Marketing
- Public Relations
- Membership
- Graphic Design/Web Mgmt

Museum Store

- Cashier

Buildings & Grounds

- Gardening
- Maintenance/Carpentry
- Painting

Boat Yard

- Boat Restoration
- Engine Maintenance/Repair
- On-the-Water Programs
- Licensed Captain
Type of License _____

Special Events

- Food/Beverage Service
- Event Planning
- Set-up

Please explain why these projects or programs interest you:

Parent/Guardian Release for Volunteers Under Age 18

I am the parent/guardian of the minor participant and on behalf of myself, the minor participant, and all other parents or guardians of the minor participant, I(i) understand that I am responsible for all acts committed by my minor child while on CBMM grounds, (ii) authorize any emergency medical care that may be necessary to the minor participant and (iii) acknowledge that I have read and agree to the Volunteer Release and Waiver of Liability form and agree to and accept all the terms therein.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

The Next Step

Return your completed application by dropping it off or mailing it. The Volunteer Coordinator will contact you to discuss matching your skills, interests and schedule with the museums current needs.

Thank you for your interest in the Chesapeake Bay Maritime Museum. We look forward to working with you!

Volunteer Signature: _____ Date: _____

Office Use Only: Interview _____ Information Provided _____ Placed with _____ Vol Number _____

Special Training: _____ Basic Orientation _____ CPR _____ Crew _____ Docent _____ Ecology Educator _____

First Responder _____ Sailing Program _____ Other, Specify _____