

Thank you for applying to become a volunteer at HSMC! Please provide the following information so we can best meet your interests and needs.

Name _____ Date of Application _____

Address _____ Phone _____

Email _____

DOB _____

Sign me up to receive HSMC emails about current offerings and historical content! I understand I may unsubscribe any time.

Emergency Contact: Name, Phone _____

Personal Reference: Name, Phone/email _____

How did you hear about volunteer opportunities at HSMC? _____

What days/times work best for you to volunteer (weekdays/weekends/special events only/mornings/afternoons) _____

What areas of interest do you have? Please check any areas that interest you.

<p>Visitor and Program Opportunities</p> <p><input type="checkbox"/> Adult tour guide</p> <p><input type="checkbox"/> School tour guide</p> <p><input type="checkbox"/> Costumed site interpreter</p> <p><input type="checkbox"/> Brick Chapel (ca/ 1667) interpreter</p> <p><input type="checkbox"/> Assist in costumes dept.</p> <p><input type="checkbox"/> Monitor a station at museum programs</p> <p><input type="checkbox"/> <i>Maryland Dove</i> volunteer</p> <p><input type="checkbox"/> St. John's Museum receptionist</p> <p><input type="checkbox"/> Museum Shop cashier & stocker</p>	<p>Grounds & facilities</p> <p><input type="checkbox"/> Help maintain museum and gardens</p> <p><input type="checkbox"/> Help maintain museum walking trails</p> <p><input type="checkbox"/> Assist in building/fence repair projects</p> <p>Administrative</p> <p><input type="checkbox"/> Assist with front desk and administrative functions</p> <p><input type="checkbox"/> Assist with IT projects</p> <p>Other Volunteer Opportunities</p> <p><input type="checkbox"/> Join the HSMC Militia</p> <p><input type="checkbox"/> Assist Events Manager with events set up</p>
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Are you primarily interested in volunteering on an on-going basis, for special events only, or both?

Please describe any work and/or volunteer history that you have. _____

Are you a veteran? _____

Do you require special accommodations to volunteer? If so, please explain.

Would you like information about becoming a member at HSMC, including admission and special program benefits? Yes, please email me Yes, please call me Not at this time

Are you volunteering to acquire hours for an organization or program? _____ Please name the organization and if you would like a letter of confirmation of hours. _____

Is there any other information you would like to share about yourself, that may help us to make your volunteer experience the best it can be?

Please return your completed application, including the Authorization and Release, to the Volunteer Coordinator at Volunteer@digshistory.org, or mail to PO Box 24, St Mary's City, MD 20686.

Please call 240-895-4972 for more information.

Thank you for your interest in making a difference at HSMC!

AUTHORIZATION & RELEASE

Photograph/Visual Presentation Authorization & Release

I hereby consent to the use of visual images taken of me during participation in the public programs by the Historic St. Mary's City Commission, the Historic St. Mary's City Foundation, or the officers, agents, successors, assignees, or licensees of any of those entities, for the purposes of trade or resale, as well as for advertising, promoting, recording, filming, offering the benefits of or teaching about the facilities, programs or services of the Historic St. Mary's City and release all such entities from further publication to the undersigned or liability of such entities in connection herewith.

I will not inspect or approve the images, finished product, or the advertising copy of other written material that may be used in connection therewith or the use to which it may be applied.

Signature _____ Date _____

Volunteer Release

I understand that I am volunteering for the purpose of receiving experience, training, college credits or other non-monetary benefits, and therefore release the State of Maryland, Historic St. Mary's City Commission, and its agents and employees, from any claim for pay or monetary benefits with respect to my volunteer activities, and I understand that, in the event of accidental injury or death in the course of my volunteer activities, I have limited State injury benefits and no worker's compensation or other form of compensation.

Signature _____ Date _____