

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Sign me up to receive HSMC emails about current offerings and historical content!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.

**Visitor and Program Opportunities**

- Adult tour guide
- School tour guide
- Costumed site interpreter
- Brick Chapel (ca/ 1667) interpreter
- Assist in costumes dept.
- Monitor a station at museum programs
- Maryland Dove* volunteer
- St. John's Museum receptionist
- Museum Shop cashier & stocker

**Grounds & facilities**

- Help maintain museum and gardens
- Help maintain museum walking trails
- Assist in building/fence repair projects

**Administrative**

- Assist with front desk and administrative functions
- Assist with IT projects

**Other Volunteer Opportunities**

- Assist Events Manager with events set up

Are you primarily interested in volunteering on an on-going basis, for special events only, or both?

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

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Are you a veteran? \_\_\_\_\_

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

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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. \_\_\_\_\_

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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?

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**AUTHORIZATION & RELEASE**

**Photograph/Visual Presentation Authorization & Release**

I hereby consent to the creation of and 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 or the State of Maryland, 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 and individuals from any liability or responsibility resulting from such use. Such use shall be without remuneration to me.

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.

If the individual whose image is created or used is under 18, I hereby sign as the parent or legal guardian of the minor individual whose likeness appears in images referenced above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed name of minor child, if applicable \_\_\_\_\_

**Volunteer Release**

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. I understand that, in the event of accidental injury or death in the course of my volunteer activities, my ability to recover will be limited in accordance with Maryland law.

**Historic St. Mary's reserves the right to request three professional references. Signature of volunteer permits Historic St. Mary's to perform a Sex Offender Check, along with State and National Registries.**

If the volunteer is under 18, I hereby sign as the parent or legal guardian of the minor individual who is volunteering. If the volunteer is over 18, I sign on my own behalf.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed name of minor child, if applicable \_\_\_\_\_

Please return your completed application, including the Authorization and Release, to the Volunteer Coordinator at [joilowe@maryland.gov](mailto:joilowe@maryland.gov), or mail to P.O. 39 St. Mary's City, MD 20686

Please call (240) 587-1362

for more information.

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