

HISTORIC   
ST. MARY'S CITY

## VOLUNTEER APPLICATION

### Contact Information

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street City State Zip Code

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail \_\_\_\_\_ Birthday \_\_\_\_\_ Age (if under 18) \_\_\_\_\_

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### Emergency Contacts (Please provide two)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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### References (Please provide two)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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*In order to find the best volunteer opportunity fit for you, we would like to learn more about you.*

**Work Experience:** Please briefly describe your work history- type of jobs and general responsibilities.

\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Experience:** Please describe any past or present volunteer experience.

\_\_\_\_\_  
\_\_\_\_\_

**Skills & Talents:** Please describe any skills, qualifications or hobbies that you would like to share with HSMC.

\_\_\_\_\_  
\_\_\_\_\_

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Please return your completed application to our Volunteer Coordinator at [Volunteer@DigsHistory.org](mailto:Volunteer@DigsHistory.org) or mail to PO Box 24, St. Mary's City, MD 20686. For further information please call 240-895-4977.

# HISTORIC ST. MARY'S CITY

How did you learn about the HSMC volunteer program?

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How do you hope to benefit from the volunteer experience at HSMC?

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

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**Availability:** Please indicate how often and the days and times you are available for volunteer assignments:

**Frequency:**

_____	Events only	_____	4 to 16 hours per month
_____	4 hours or less per month	_____	16 or more hours per month

**Days:**

_____	Monday	_____	Saturday
_____	Tuesday	_____	Sunday
_____	Wednesday	_____	Weekdays only
_____	Thursday	_____	Weekends only
_____	Friday	_____	No preference

**Times:**

_____	Mornings	_____	Afternoons
_____	Midday	_____	No preference

**HSMC Volunteer Opportunities:** Please indicate the volunteer opportunities that interest you:

**Education department volunteer**

- Guide adult tours
- Guide school tours
- Assist develop & prepare ed. programs
- Little Explorers program assistant
- Costumed site interpreter
- 1667 Brick Chapel interpreter
- Assist in making interpreter costumes
- Man a station at museum events

**Visitor services volunteer**

- Visitor Center receptionist
- St. John's Museum receptionist
- Museum shop cashier & stocker

**Grounds & facilities volunteer**

- Help maintain museum & BH gardens
- Help maintain museum walking trails
- Assist in building repair projects

**Administrative volunteer**

- Assist in the marketing department
- Assist with IT projects
- Assist in the development office
- Assist in the finance office
- Assist w/ admin. front desk functions

**Other volunteer opportunities**

- Maryland Dove* (tall ship) volunteer
- Join the HSMC Militia
- Assist events manager with wedding set ups

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## 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: \_\_\_\_\_

As the parent or guardian of the above person (if under 18 years old), I consent to the above release.

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 I 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: \_\_\_\_\_

As the parent or guardian of the above person (if under 18 years old), I consent to the above release.

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