

**TOWN OF PORT DEPOSIT
TOME VISITOR CENTER**

VOLUNTEER APPLICATION FORM

NAME:			
ADDRESS:	CITY:	STATE:	ZIP:
HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____ years. If less than 5 years, please provide your previous address:			
OCCUPATION:			
BUSINESS: (Name)			
BUSINESS: (Address)	CITY:	STATE:	ZIP:
PHONE:	HOME:	BUSINESS:	CELL:
E-MAIL ADDRESS:			
BIRTHDAY: (Month & Day)			

PERSONAL INTERESTS:

PLEASE CHECK YOUR SCHEDULE PREFERENCES:

WEEKDAYS: Closed Monday-Friday

WEEKENDS: Saturday Sunday

HOURS:

Full Day: 12:00 PM – 4:00 PM Half Day: 12:00 PM – 2:00 PM Half Day: 2:00 PM - 4:00 PM

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME:		RELATIONSHIP:	
TELEPHONE:	DAY:	EVENING:	CELL(optional):

Thank you for your interest in becoming a Tome Visitor Center Volunteer.
Please e-mail completed form to townhall@portdeposit.org