

**TOWN OF PORT DEPOSIT
TOME VISITOR CENTER**

VOLUNTEER APPLICATION FORM

NAME:

ADDRESS:	CITY:	STATE:	ZIP:
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OCCUPATION:

BUSINESS: (Name)

BUSINESS: (Address)	CITY:	STATE:	ZIP:
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TELEPHONE:	HOME:	BUSINESS:	CELL:
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E-MAIL ADDRESS:

BIRTHDAY: (Month & Day)

PERSONAL INTERESTS:

PLEASE CHECK YOUR SCHEDULE PREFERENCES:

WEEKDAYS: Closed Monday and Tuesday Wednesday Thursday Friday

WEEKENDS: Saturday Sunday

HOURS:

Morning: 10:00 AM – 12:30 PM Afternoon: 12:30 PM - 4:00 PM Full Day: 10:00 AM – 4:00 PM

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME:	RELATIONSHIP:
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TELEPHONE:	DAY:	EVENING:	CELL(optional):
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Thank you for your interest in becoming a Tome Visitor Center Volunteer.
Please e-mail completed form to townhall@portdeposit.org