

**TOWN OF PORT DEPOSIT
TOME VISITOR CENTER**

VOLUNTEER APPLICATION FORM

NAME:			
ADDRESS:	CITY:	STATE:	ZIP:
OCCUPATION:			
BUSINESS: (Name)			
BUSINESS: (Address)	CITY:	STATE:	ZIP:
TELEPHONE:	HOME:	BUSINESS:	CELL:
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:	
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