

**VOLUNTEER APPLICATION  
MARYLAND HUMANITIES COUNCIL**

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Would you prefer to be contacted by: \_\_\_\_\_ email \_\_\_\_\_ phone

Education: \_\_\_\_\_

Special Training: \_\_\_\_\_

\_\_\_\_\_

Special skills, interests, or hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Availability:** (please check all that apply)

Days available: \_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Weds. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun.

Times preferred: \_\_\_\_\_ Mornings \_\_\_\_\_ Afternoons

Total hours you would like to volunteer: \_\_\_\_\_ per week \_\_\_\_\_ per month

Please indicate the volunteer position(s) that interest(s) you most. For a list of current volunteer openings, please see <http://www.mdhc.org/about-us/employment-internships/>

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**References:**

Please list two people, not related to you, whom we can call for references.

Name: \_\_\_\_\_ phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Emergency Contact:**

Name:

Phone Number:

Relationship:

Please return this form to Jean Wortman, Maryland Humanities Council, 108 West Centre Street, Baltimore, MD 21201 or [jwortman@mdhc.org](mailto:jwortman@mdhc.org)