



## VOLUNTEER REGISTRATION FORM

(Please Print. Use back for additional information)

Thank you for expressing interest in volunteering with the Chester River Artworks. Our volunteers are our lifeline. Without you we could not exist. We appreciate and value you.

### I. CONTACT INFORMATION

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

Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

Phone (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Preferred Means of Contact: \_\_\_\_\_ Best time to contact you: \_\_\_\_\_

Full time resident: \_\_\_Yes \_\_\_No Months Available: \_\_\_\_\_

### II. EDUCATION, SKILLS & INTERESTS

Summarize skills and experience you have acquired from education, employment, previous volunteer work, or through other activities, including hobbies.

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Are you an Artist/Craftsperson, Professional/Hobbyist? (Please describe.)

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Please summarize your previous volunteer experience (organizations, dates, duties) .

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Do you have an artistic specialty that would enhance current activities or advance new programs? (Please describe.)

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Would you be interested in teaching classes? (Please describe.)

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**III. PREFERENCES**

Please tell us in which areas you are interested in volunteering:

- |  |   |
|--|---|
| <input type="checkbox"/> Archives                        | <input type="checkbox"/> Gift Shop (Staffing)         |
| <input type="checkbox"/> Board of Directors              | <input type="checkbox"/> Membership                   |
| <input type="checkbox"/> Clay Studio                     | <input type="checkbox"/> Publicity                    |
| <input type="checkbox"/> Education                       | <input type="checkbox"/> Publicity (Email/Electronic) |
| <input type="checkbox"/> Finance                         | <input type="checkbox"/> Special Events               |
| <input type="checkbox"/> Fund Raising                    | <input type="checkbox"/> Volunteer Management         |
| <input type="checkbox"/> Gallery (Planning/Installation) | <input type="checkbox"/> Other (please list)          |

Is there a group with whom you are particularly interested in working?

- Children     Teens     Adults     Seniors     No Preferences

**IV. AVAILABILITY**

When are you most likely to be able to volunteer on behalf of Artworks?

- |                                   |                                  |   |   |
|-----------------------------------|----------------------------------|---|---|
| <input type="checkbox"/> Weekday  | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon                | <input type="checkbox"/> Friday Evening |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday  | <input type="checkbox"/> Summer                   | <input type="checkbox"/> Fall           |
| <input type="checkbox"/> Winter   | <input type="checkbox"/> Spring  | <input type="checkbox"/> I prefer to work at home | <input type="checkbox"/> No Preference  |

**V. HEALTH CONCERNS**

Please indicate any health concerns Artworks should be aware of.

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Person to notify in case of emergency: Name \_\_\_\_\_

Relationship \_\_\_\_\_ Contact Number(s): \_\_\_\_\_

**VI. AGREEMENT & SIGNATURE**

I affirm that the facts set forth in this registration are true and complete.

Name (printed): \_\_\_\_\_

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

Thank you for completing this registration and for your interest in volunteering for us. Please return this form to Artworks, Volunteer Coordinator, Box 606, Chestertown, MD 21620, or drop off at 306 Park Row, Chestertown, during open hours: Wednesday –Friday, Noon to 3pm and Saturday, 9am to 3pm.

**VII. OUR POLICY**

It is the policy of Artworks to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability. Artworks is a 501c3 non-profit organization.

**VIII. REFERENCES**

Please complete this section if you are interested in helping with children's programs.

(Please list two references.)

1.

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

\_\_\_\_\_

2.

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

\_\_\_\_\_