

Volunteer Information Application.

Please print out, fill in and either mail or fax back the form to:

Director
 Fire Museum of Maryland
 1301 York Road
 Lutherville, MD 21093
 (410) 769-8433 (fax)

| | |
|----------------------------------|---|
| Last Name: | |
| First Name: | |
| Address: | |
| City: | |
| State/Zip: | |
| Home Phone: | |
| Work Phone: | |
| E-Mail: | |
| Present Occupation: | |
| Education: | |
| Prior Work Experiences: | |
| Volunteer Experiences: | |
| Skills, Training, Interests: | |
| VOLUNTEER WORK PREFERRED: | |
| 1 st Choice: | |
| 2 nd Choice: | |
| SCHEDULE: | |
| Days Preferred: | <input type="radio"/> Mondays <input type="radio"/> Tuesdays <input type="radio"/> Wednesdays <input type="radio"/> Thursdays <input type="radio"/> Fridays <input type="radio"/> Weekends |
| Hours Preferred: | |
| Date Available to Begin: | |