



Volunteer Application and Information Form

Contact Information:

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Preferred method of communication (circle one) Phone Email Text Mail

Emergency Contact: _____ Phone: _____

How did you hear about us? _____

Interests and Availability

Please list any previous volunteer, employment or community affiliations you would like to share and other skills or abilities that may benefit the CAC. _____

Please Circle One or More Areas of Interest

Community Outreach (Flyer Distribution, Community Events, Fundraising)

Performing Arts (Usher, Box Office Support, Concessions)

Other (Landscaping, Maintenance, Painting, Etc.): Please specify _____

MakerSpace (Basic knowledge of shop safety and electric tools required)

Please indicate your preferred days or times to volunteer: _____

Return To: Volunteer Coordinator | 194 Hammonds Lane | Brooklyn Park, MD 21225 |

410-636-6597 | dhofler@chesapeakearts.org