



MARITIME HERITAGE ALLIANCE VOLUNTEER RECORD

DATE: _____

FULL NAME: _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____

EMAIL: _____

MAILING ADDRESS: _____

ADDRESS _____

CITY STATE ZIP

SEASONAL ADDRESS: (IF APPLICABLE) _____

ADDRESS _____

CITY STATE ZIP

DATES OF RESIDENCE: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____ PHONE: _____

CONTACT INFORMATION

I AM INTERESTED IN VOLUNTEERING WITH: (CHECK ALL THAT APPLY)

SKILLED	INTERESTED
<i>I ALREADY POSSESS SKILLS IN THIS AREA "X"</i>	<i>I AM INTERESTED IN VOLUNTEERING IN THIS AREA "X"</i>

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<i>I ALREADY POSSESS SKILLS IN THIS AREA "X"</i>	<i>I AM INTERESTED IN VOLUNTEERING IN THIS AREA "X"</i>

		ADMINISTRATION
		DATA MANAGEMENT
		MERCHANDISE SALES/ MANAGEMENT
		INFORMATION TECHNOLOGY
		ACCOUNTING
		OUTREACH/ COMMUNICATIONS
		PHOTOGRAPHY
		VOLUNTEER COORDINATION
		EVENT PLANNING
		WEBSITE DEVELOPMENT
		GRAPHIC DESIGN
		SOCIAL MEDIA MANAGEMENT
		FUNDRAISING
		GRANT WRITING
		DONOR APPEALS
		EDUCATION PROGRAMS
		YOUTH PROGRAMS
		ADULT PROGRAMS

		WORKSHOP
		WOODWORKING
		MODEL BUILDING
		WELDING
		PAINTING
		PLUMBING
		ELECTRICAL
		ENGINE REPAIRS
		SHIPBOARD
		SCHOONER SAILING
		RIGGING/ DE-RIGGING
		SMALL BOAT SAILING
		OTHER
		WRITING
		RESEARCH
		COOKING
		LIBRARY MANAGEMENT
		OTHER:

VOLUNTEER INTERESTS

CONTINUED ON BACK SIDE...

INTERESTS, CONT INTERESTS

MY AVAILABILITY:

WEEKENDS

EVENINGS

WEEKDAYS

MHA IS GUIDED BY A CORE GROUP OF VOLUNTEERS THAT MAKE UP THE **BOARD OF DIRECTORS** AND A **BOARD ADVISORY COMMITTEE**. IF YOU ARE INTERESTED IN SERVING ON THE ADVISORY COMMITTEE, PLEASE LIST BELOW THE SKILLS AND EXPERIENCE YOU WOULD CONTRIBUTE TO THE COMMITTEE.

NOTE: INDIVIDUALS INTERESTED IN SERVING ON THE BOARD OF DIRECTORS MUST COMPLETE A SEPARATE APPLICATION. PLEASE CONTACT THE OFFICE FOR MORE INFORMATION.

PLEASE USE THIS SPACE TO LIST ANY ADDITIONAL VOLUNTEER INTERESTS YOU HAVE OR TO FURTHER SPECIFY YOUR AREAS OF INTEREST:

VOLUNTEER HOURS

THE MARITIME HERITAGE ALLIANCE IS A 501(C)(3) NONPROFIT THAT PRIDES ITSELF ON ITS VOLUNTEER-OPERATED STRUCTURE. MHA'S CONTINUED SUCCESS RELIES ON VOLUNTEER CONTRIBUTIONS AND ACCURATE RECORD KEEPING OF THOSE CONTRIBUTIONS. **VOLUNTEERS ARE REQUIRED TO RECORD THEIR VOLUNTEER HOURS CONTRIBUTIONS ON A DESIGNATED LOG AND SUBMIT TO THE MHA OFFICE FOUR TIMES A YEAR.** HOURS RECORDS SHOULD BE SUBMITTED: JANUARY 1, MAY 1, SEPTEMBER 1, NOVEMBER 1

INITIAL

HOW DID YOU HEAR ABOUT MHA? _____

Office Use Only

Date Received: _____ MHA Contact: _____

____ MC ____ SF ____ Email ____ Orientation

Notes: