

Please complete this application form if you are 18 years of age or older and interested in becoming an Allegany Museum volunteer. Once you complete the form, email to manager@alleganymunseum.org, drop it off at the Museum, or post to Allegany Museum, 3 Pershing St Cumberland MD.

Personal and Contact Information

First name:	Last name:
Title:	Preferred name:
Number and Street	
City:	State: Zip:
Preferred phone number:	
Alternative phone:	
Email address:	
Date of birth:	
Specific skills Please write one or two sente	nces describing the skills you could offer as a Museum volunteer.
Are there any medical cond	itions which we should know about?
Emergency Contact In an emergency, whom shou	ld we notify?
First name:	Last name:
Address:	
City:	
State:	Zip:
Home phone:	
Cell phone:	
Email address:	