



Volunteer Application

Contact Information

Name	
Street Address	
City State ZIP Code	
Home Phone	
Work or Cell Phone	
E-Mail Address	

Interests

If you are responding to an advertisement or posting for a particular volunteer position, please list that position here:

Please specify how you heard about this position vacancy:

Please describe your past involvement (if any) with Chesapeake Chamber Music:

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities that would help you in the position for which you applying.

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Connections

Do you know any current CCM volunteers or Board members? If so, please list their names:

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Person to Notify in Case of Emergency

Name	
Street Address	
City State ZIP Code	
Home or Cell Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	

Thank you

Thank you for completing this application form and for your interest in volunteering with us!

If you have any questions, please contact Don Buxton at info@chesapeakechambermusic.org or 410-819-0380.