

**THE ART LEAGUE OF OCEAN CITY**  
PO Box 3503, 502 94<sup>th</sup> Street, Ocean City, MD 21842

410-524-9433

[www.artleagueofoceancity.org](http://www.artleagueofoceancity.org) info@artleagueofoceancity.org

**VOLUNTEER APPLICATION**

(Please Print)

Last Name:	First Name:	Email:
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Address (Street, City, State, Zip):

Home Phone:	Work Phone:	Cell Phone:
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Emergency Contact Name & Relationship:	Emergency Contact Phone:
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**If Under 18**, Please state age:

Signature of Parent/Guardian Authorizing Minor to be an ALOC Volunteer:

**INTERESTS & SKILLS (Please check all that apply)**

Gallery Docent     Word Processing     Data Entry     Mailings     Librarian     Newsletter  
 Retail Sales     Website Development     Website Maintenance     Volunteer Management  
 Social Media     Graphic Arts     Classroom Monitor     Classroom Assistant (children)  
 Classroom Assistant (adults)     Janitorial     Building Maintenance     Home Tour Docent  
 Reception Greeter     Reception Food Preparation/Cleanup     Set up/tear down Exhibits (gallery)  
 Set up/tear down Exhibits (outside shows)     Outside Show Booth Attendant     Photography  
 Arts Alive (assist artists in show)     Plein Air Event

**Time Available:**

Anytime     Weekdays (M, T, W, T, F)     Weekends (S, S)     Morning     Afternoon     Evening  
 All Season     Spring     Summer     Fall     Winter

Please list your previous work or volunteer experience:

Have you ever been convicted of a crime? If yes, please explain:

I hereby certify that the information provided above is true and correct to the best of my knowledge. I hereby consent to permit the Art League of Ocean City to contact anyone it deems appropriate to investigate or verify my suitability for a volunteer position.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_