

ST. MICHAELS FOOD & WINE FESTIVAL

Date: April 27, 2007 – April 29, 2007 * Location: Chesapeake Bay Maritime Museum

VOLUNTEER APPLICATION

Volunteers are needed to be part of the exciting St. Michaels Food & Wine Festival. There are various times and positions available for individuals interested in helping to make our Festival happen.

Each volunteer is required to attend one meeting prior to the Festival where specific details will be discussed. All volunteers will be given a nametag and refreshments during their assigned time.

If you are interested in becoming one of our Festival VIP (volunteer = important person), please fill out this form. We ask for a commitment of four (4) hours although if you wish to devote a more significant block of time because we can use and appreciate your talents. Volunteers are appointed on a first come, first serve basis.

Name: _____

Address: _____

City, State, Zip: _____

Phone (Home): _____ Phone (Other): _____ Best Time To Contact: _____

E-mail: _____

Applicants must be over the age of 21 years.

WHAT TASKS WOULD YOU LIKE TO REQUEST? THIS IS ONLY A PARTIAL LIST OF AREAS IN WHICH YOU COULD PARTICIPATE.

<input type="checkbox"/> Ticket Sales	<input type="checkbox"/> Exhibition & Pavilion Tents General Assistance
<input type="checkbox"/> Handing out Wine Glasses & Programs	<input type="checkbox"/> Demonstration Tent General Assistance
<input type="checkbox"/> Seminar Area with General Assistance	<input type="checkbox"/> Assist with Set-up Pre-Event
<input type="checkbox"/> Provide General Assistance Where Needed	<input type="checkbox"/> Assist with Break-down Post-Event

DO YOU HAVE A SPECIFIC TIME THAT YOU CAN VOLUNTEER? MORNING OR AFTERNOON.

WHAT DAY(S) WILL YOU BE ABLE TO VOLUNTEER? CHECK ALL THAT APPLY.

Friday Saturday Sunday

Emergency Contact Information:

Name: _____ Relationship: _____

Phone: _____ Alternative Phone: _____

I have provided accurate information on my application. This information will only be used by the St. Michaels Food & Wine Committee and will be kept totally confidential.

Name: _____

Signature: _____ Date: _____

We appreciate your valuable time volunteering for this special event.

Please mail this form to:

ST. MICHAELS FOOD & WINE FESTIVAL, P.O. BOX 824, ST. MICHAELS, MD 21663
(443) 205-2185

www.stmichaelsfoodandwinefestival.com