

Name

## **Chatham Marconi Maritime Center**

P. O. Box 421, North Chatham, MA, 02650 www.chathammarconi.org



**Volunteer Application:** *Please print neatly.* 

Mailing address:		
Town	State	Zip code
Months of the year that ye	ou live on Cape Cod	
Home telephone_()	Cell phone_(_	)
Email address		
CMMC would prefer	to communicate with v	olunteers via Email, if possible.
Pleas	se choose a primary meth	hod of contact:
I check my email som	ewhat regularly and wil	ll see email updates.
I do NOT use email re	egularly and would pref	er to be updated via phone.

Thank you for your interest in becoming associated with our operation. After initial recruitment has been completed during March, CMMC will communicate with prospective volunteers to determine their preferences, suitability and availability. We intend to conduct training sessions during May and early June, with an eye toward opening the center to the public toward the end of June.

Visitor responses from our 2010 "preview" season proved to us that our concepts were well founded, and have given us confidence to continue in a similar direction.

We look forward to your involvement, and are certain that you will find enrichment from your partnership with CMMC.

Please return completed form to: Chatham Marconi Maritime Center P. O. Box 421, North Chatham, MA 02650