



Personal Information:

Name: _____ Home Phone: _____

Address: _____ City/State/Zip: _____

Email: _____ Cell Phone: _____ Birthday (no year): _____

How did you hear about the volunteer program? Newspaper Radio Flyer Volunteer Fair Website Other

Emergency Contact: _____ Phone Number: _____

Do you have any physical limitations and/or special conditions? _____

In what volunteer roles are you interested? Gallery Docent Gift Shop Administrative Usher/Ticket Taker Will Call Stage Hand

Volunteer/Professional Experience

Have you ever been a docent and/or volunteer before? If yes, where and when? _____

Are you a member of any service organizations? If yes, please list: _____

Do you have a college degree/ special certification/ special skills? _____

Do you speak any other languages? _____ Fluent Semi-Fluent Minimally-Fluent

Are you presently employed? Full Time Part-Time Not Employed Retired

Are you presently a student? YES NO If yes: Full Time Part-Time

Name of employer or former employer: _____

Describe your work or professional experience: _____

Do you have any hobbies or special interests? _____

Favorite Song: _____ Favorite Movie: _____ Favorite TV Show: _____

Favorite Place to Travel: _____ Favorite Book: _____ Personal Hero: _____

Favorite Artist or Art Style: _____ Favorite Museum or Gallery: _____

Availability:

What is your availability? Monday Tuesday Wednesday Thursday Friday Saturday Sunday

When do you prefer to work? Morning Afternoon Evening Anytime

Are you available in the summer? YES NO

Reference (not a family member):

Name: _____ Relationship: _____ Phone Number: _____

Docents may be fingerprinted.