

CORAL SPRINGS MUSEUM OF ART

Member: AMERICAN ASSOCIATION OF MUSEUMS

Docent & Volunteer Application

Adult: _____ Student: _____

Name: _____

Address: _____

City: _____

Phone: _____

Email: _____

School: _____

Emergency Contact: _____

State: _____ Zip: _____

Cell: _____

Year of Graduation: _____

Phone: _____

Why are you interested in volunteering at the Coral Springs Museum of Art?

Have you been a Museum Docent or Volunteer before? (If yes, where and when?)

What is your experience or background? (Please include languages spoken.)

Students: Be certain you can commit to volunteer for an entire session of classes.

Adults: Weekly _____ Monthly _____ Other _____

Availability:

Monday Morning _____ Afternoon _____ Evening _____

Tuesday Morning _____ Afternoon _____ Evening _____

Wednesday Morning _____ Afternoon _____ Evening _____

Friday Morning _____ Afternoon _____ Evening _____

Saturday Morning _____ Afternoon _____ Evening _____

Interest Areas:

Docent

Adult Tours _____ Children / Tour Groups _____ Front Desk _____

Fundraising _____ Mail outs _____

Teen Volunteers

Art Class Asst. _____ Mail outs _____ Front Desk _____

Art Camps Winter _____ Spring _____ Summer _____

Volunteer fiscal Year 2006 – 07 (Oct. to Sept.) **Date Received** _____