

CORAL SPRINGS MUSEUM OF ART

Phone (954) 340-5000 • Fax (954) 346-4424

museuminfo@coralsprings.org

www.coralspringsmuseum.org

Docent & Volunteer Application

Adult: _____ Student: _____

Volunteer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Email: _____

School: _____ Year of Graduation: _____

Emergency Contact: _____ Emergency 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.

Availability:

Tuesday Morning _____ Afternoon _____

Wednesday Morning _____ Afternoon _____

Thursday Morning _____ Afternoon _____

Friday Morning _____ Afternoon _____

Saturday Morning _____ Afternoon _____

Sunday Morning _____ Afternoon _____

Interest Areas:

Adult Volunteers

Docent for Tours _____ Special Events _____ Community Outreach _____

Mailings _____ Clerical _____

Teen Volunteers

Special Events _____ Mailings _____ Classroom Asst. _____ Clerical _____

Received By: _____

Date Received: _____