

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: _____