



MUSEUM OF FLORIDA ART  
DeLand, FL

## Docent Volunteer Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of contact: telephone \_\_\_\_\_ e-mail \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Phone # \_\_\_\_\_

When are you available? (Circle all that apply)

Mon            Tues.            Wed.            Thurs.            Fri.            Sat.

When do you prefer to work? Mornings \_\_\_\_\_ Afternoon \_\_\_\_\_

Have you had any teaching or public speaking experience or taken any art, art history, humanities or education classes? Yes \_\_\_\_\_ No \_\_\_\_\_

Please specify:

\_\_\_\_\_  
\_\_\_\_\_

List professional and/or volunteer work. Include work in which you are currently involved \_\_\_\_\_  
\_\_\_\_\_

Please list any special interest, talents and skills (such as a foreign language) which you may have: \_\_\_\_\_  
\_\_\_\_\_

Program Interest: (you may check more than one)

\_\_\_\_ Preschool/Kindergarten \_\_\_\_ Elementary \_\_\_\_ Middle \_\_\_\_ High

\_\_\_\_ College \_\_\_\_ Adult \_\_\_\_ Seniors \_\_\_\_ Special Needs