



FLORIDA ARTS, INC.

Volunteer Application

Desk Docent or Tour Docent

Name: _____

Last

First

Address: _____

Street

City

State

Zip

Phone Number: _____

Home

Other

Emergency Contacts: _____

Name

Phone Number

Emergency Contacts: _____

Name

Phone Number

Do you have any medical conditions of which we should be aware?

Place of Employment: _____

Education (Degree or Diploma): _____

Specialization?

Are you fluent in any languages other than English (including Sign Language)?

What other volunteer experiences have you had? _____

What is your experience with art/art history? _____

Is there a particular period or artist that interests you? _____

Please give us any additional information that you would like to share about

yourself: _____

Please give two personal or professional references:

Name: _____

Address: _____

Daytime Phone: _____

Name: _____

Address: _____

Daytime Phone: _____

Florida Arts, Inc. is hereby authorized to investigate and verify all statements made in this application and to conduct any further investigation it deems necessary to determine my suitability for volunteer service. I release Florida Arts, Inc. and its agents from any liability in connection with such an investigation.

Signed: _____

Dated: _____