



Tampa Museum of Art

Volunteer Application

FOR: Docent _____ Intern _____ Junior Docent _____ Other _____

Date of Application: _____ Social Security # _____

Name: _____ Home Phone: _____

Address: _____ Zip: _____

Current Employer: _____ Business Phone: _____

Driver's License Number: _____ E-mail address: _____

EDUCATION:

College: _____ Major: _____

Degree: _____ Year: _____ Do you have any art history background? _____

WORK AND VOLUNTEER EXPERIENCE:

List professional and/or volunteer work. Indicate hours of current commitments.

Have you ever worked with the following groups?

Children (ages 3+) _____ Teenagers _____ Senior Citizens _____ Handicapped _____ Disadvantaged? _____

Have you ever been a museum docent? _____ Where? _____

Other (please specify)? _____ Where? _____

Please indicate any other relevant experience or interests (i.e., teaching experience, travel, etc.)

AVAILABILITY

If you are interested in becoming a docent, are you able to make a one-year commitment (10 hours per week) to the program? _____

Do you prefer to volunteer weekdays? _____ Weekends? _____ Thursday evenings? _____

How did you hear about the program? _____

PLEASE FILL OUT THE FOLLOWING INFORMATION:

In case of emergency please notify: NAME _____

Telephone # _____ Relationship? _____

Date

Volunteer Signature