



Volunteer/Docent Program Application Form

Name: _____ **Date of Birth:** _____

Address (where mail should be sent): _____

Home Phone: _____ **Work Phone:** _____

Cell: _____ **Message:** _____

Person to contact in case of emergency (name and relationship):

Phone number: _____

Health (list any allergies, special conditions, etc.): _____

Where did you hear about the Kaua'i Museum Docent/Volunteer Program?

If you are a student under age 18, please list parent names and phone numbers:

Name of School: _____ **grade:** _____

High School: _____

Graduation year or present grade: _____

College: _____

Graduation year and degree: _____

Graduate Work: _____

Adult Education Classes/ Professional or Trade Schools: _____

Favorite Subjects or major(s) _____

**Do you have special skills, abilities, or training you would like us to know about?
(For example, typing, computer, art, sales, ...)**

Employment:
(briefly describe any part-time or full-time employment and list approximate dates)

1. _____

2. _____

3. _____

Volunteer/Community Service:
(please share your previous activities and responsibilities; including any offices held)

Do you have experience with children (teaching, scouting, sports coaching):

Explain your interest in the Kaua'i Museum & what you hope to gain by your affiliation?

Signature: _____ **Date:** _____