



THE KREEGER MUSEUM

Volunteer Application

Desk docent

or

Tour Docent

Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone Number: _____

Home Phone Number: _____

Social Security Number: _____

Person to Contact in an Emergency: _____

Daytime Phone Number: _____

Home Phone Number: _____

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

Place of Employment: _____

Education (Degree or Diploma): _____

Degree Specialization: _____

Are you fluent in any languages other than English (including sign language)? _____

Please indicate which languages. _____

What other volunteer experience 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: _____

The Kreeger Museum

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 The Kreeger Museum and its agents from any liability in connection with such an investigation.

Signed: _____

Date: _____