



THE KREEGER MUSEUM

Volunteer Application

Information Docent *or* Tour Docent *or* *First Studio* Docent

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Home phone: _____ Cell phone: _____

Email: _____

Social Security Number: _____

Emergency contact name: _____

Phone number: _____

Any medical conditions of which we should be aware: _____

Employment – current or past: _____

Education (degree/diploma): _____

Specialization: _____

Fluency in languages other than English (including sign language): _____

Volunteer Experience: _____

Experience with young children (for *StoryTime* docents only) _____

Experience with art or art history: _____

Particular period or artist that interests you:

Any additional information you would like to share about yourself: _____

Two personal or professional references:

Name: _____

Address: _____

Daytime phone: _____

Name: _____

Address: _____

Phone: _____

Please sign the following authorization:

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.

Name: _____

Date: _____

Please understand that the agreement to begin serving as a docent at The Kreeger Museum is a two-year commitment.