



## LOS SERENOS JUNIOR DOCENT APPLICATION

### Point Vicente Interpretive Center

31501 PALOS VERDES DRIVE WEST / RANCHO PALOS VERDES, CA 90275 / (310) 544-5375

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Preferred Communication: \_\_\_\_\_

Birthday (Mo/Day/Yr): \_\_\_ / \_\_\_ / \_\_\_\_

High School: \_\_\_\_\_

Grade: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Contact Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

Hobbies (Space is limited to 3 lines):

Previous Volunteer Experience (Space is limited to 4 lines):

What do you want to gain in this program (Space is limited to 7 lines):

Other languages in which you are fluent? \_\_\_\_\_

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*I give my consent for my son/daughter to participate in the Los Serenos Junior Docent program.*

Parent's Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

*To save the document after completion, please select "File" "Save As..." **and save with a different name on your computer** (please put your name in the "File name:" field). You can now send it as an attachment via e-mail to: [LSJrDocents@gmail.com](mailto:LSJrDocents@gmail.com).*