

**NORTHERN CLAY CENTER
VOLUNTEER TOUR GUIDE PROGRAM**

CONTACT INFORMATION

NAME: _____

ADDRESS: _____

STREET APT. #

CITY STATE ZIP

TELEPHONE: (DAY) _____ (EVENING) _____

EMAIL: _____

Why are you interested in becoming a Northern Clay Center tour guide?

Do you have any experience with clay? (Making, appreciating, collecting, etc.)

Do you have any other volunteer experience? Please describe briefly.

Do you have any other guiding experience? Please describe briefly.

Are you comfortable giving presentations in front of groups? Please give examples of public presentations, if any.

Do you speak any languages other than English, including ASL?

What age groups are you interested in guiding? (Please check all that apply)

PRE-SCHOOL AND KINDERGARTEN HIGH SCHOOL
 ELEMENTARY SCHOOL ADULT
 MIDDLE SCHOOL SPECIAL NEEDS

When are you available to give yours? (Please check all that apply)

MONDAYS TUESDAYS WEDNESDAYS THURSDAYS
 FRIDAYS SATURDAYS SUNDAYS

Signature

Date