



LOS SERENOS JUNIOR DOCENT APPLICATION

Point Vicente Interpretive Center

31501 PALOS VERDES DRIVE WEST / RANCHO PALOS VERDES, CA 90275 / (310) 377-5370

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):

Your Signature: _____

Date: _____

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

Parent's Signature: _____

*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.*