

# MT HELIX PARK FOUNDATION

## **DOCENT APPLICATION/REGISTRATION**

(Please answer all questions)

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

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

**Preferred Phone No.:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

Are you 18 years of age or older?    Yes             No

Can you physically walk the site?    Yes             No

Do you speak English?                Yes             No

Do you speak any other languages? If so, which one(s)? \_\_\_\_\_

Special Expertise/Other Comments: \_\_\_\_\_

Do you have CPR training?            Yes             No

If the answer above is No, are you willing to obtain it?    Yes             No

### **Availability:**

*When* can you work? Please check all and any that apply. This may help us to determine which hours we provide the program.

Saturday: 10 a.m. to 1 p.m.   

Sunday: 10 a.m. to 1 p.m.   

1 p.m. to 4 p.m.   

1 p.m. to 4 p.m.   

10 a.m. to 2 p.m.   

10 a.m. to 2 p.m.   

Noon to 4 p.m.   

Noon to 4 p.m.   

*How often* would you like to volunteer?

Once a month?   

More often than once a month?   

Less frequently than once a month?