PALM SPRINGS HISTORICAL SOCIETY



Walking Tour Volunteer Application

First Name:			Last Name:			
Address: _						
Home Phone: Cell Ph			none:Email:			
Emergency Contact:				Phone:		
Birthday: _		Aı	re you a member?			
Circle the d	ays you are wil	ling to lead a Walkin	ng Tour:			
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Please ente	er the number o	of days you are willin	ng to lead a tour ea	ch month: _		<u>.</u>
event lasts	4 days. In Febr	or the Modernism W uary the dates occu you are willing to lea	r mid-month and t	he event last:		
October		February	_			
List your ta	lents, experiend	ce and expertise tha	t may be useful to	the Palm Spr	ings Historical S	ociety:
Thank you	for volunteerin _โ	g to be a Walking To	ur Docent!			
Signature:				Dat	e:	