

# APPLICATION: FRIENDS OF THE CABILDO TOUR GUIDE CLASS

Please return via email to: [volunteers@friendsofthecabildo.org](mailto:volunteers@friendsofthecabildo.org)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Employment:       Full Time       Part Time       Retired       Other \_\_\_\_\_

Present / Past Occupation \_\_\_\_\_

Highest level of education achieved? Currently a student?

\_\_\_\_\_

Have you done volunteer work before? Where? What were your responsibilities?

\_\_\_\_\_

Have you ever been a Friends of the Cabildo Volunteer?       Yes       No

Have you done any public speaking or teaching? Please explain.

\_\_\_\_\_

Are you willing to walk long distances?       Yes       No

Are you willing to give tours in all types of weather – rain, cold, heat?       Yes       No

If not, please explain: \_\_\_\_\_

Language Proficiency:

French       Speak       Read

Spanish       Speak       Read

German       Speak       Read

Other (Specify) \_\_\_\_\_

Special Skills or Experiences:

\_\_\_\_\_

Have you applied to the FOC class before?       Yes       No      Accepted?       Yes       No

How much of the class did you complete? \_\_\_\_\_

Current New Orleans Tour Guide License?       Yes       No      (Not required for the class.)

License No. \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you willing to commit to giving two tours per month for the Friends of the Cabildo for a period of two years as a condition of enrollment?       Yes       No

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

SIGNATURE

DATE