

San Dieguito Heritage Museum

DOCENT INFORMATION

Date _____

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Work phone: _____

E-mail address: _____

What special skills/ interests do you have: _____

What days/hours are you available to work? _____

Emergency contacts: _____ Phone: _____

Any specific emergency information: allergies, medications, etc.
(this is to be able to tell paramedics, if you are not able) _____
