

Free Docent Training Registration

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Area Code & Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Occupation: _____

Are you a BVMNH Member?

Are you a BVMNH Volunteer?

Do you know sign language?

Do you speak a foreign language?

If yes, what language do you speak?

If scheduled dates and time are not convenient would you be interested in attending Saturday classes?