The Korean Cultural Centre UK

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Docent Volunteer Application

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| --- | --- | --- |
| **First Name** | | **Surname** |
| **Address** | | |
| **Mobile contact number** | **E-mail** | |
| **Education Background** | | |
| **Work Experience** | | |
| **Language** | | |
| **Preferred Working Time (Please specify the dates that you will be available/unavailable)**  **[Mon - Fri]**  **Slot 1: 10am - 2pm [ ]**    **Slot 2: 2pm – 5.30pm [ ]** | | |
| **Please specify the dates that you will be available/unavailable here.** | | |

Please send your **‘Docent Volunteer Application Form’** with a copy of your ID with the headline of ‘[Audible Garden] Docent Volunteer’ to [exhibition.kccuk5@gmail.com](mailto:exhibition.kccuk5@gmail.com)