



Fortune Tellers Docent Training Program Application 2024-2025

Personal Information.

Name _____
Last Middle Initial First

Address _____
Street City State Zip

Contact Information.

Home () _____ - _____ **Cell** () _____ - _____ **Email**

Address _____

School Information.

Address _____
Street City State Zip

Grade level _____

Please attach one official recommendation letter from a teacher or mentor.

List any awards or recognitions you have received.

List any community service or attach community service log with references.



Area(s) of interest. Please check all that apply.

- Visual Arts
- Music
- Film
- Photography
- Writing/ Journalism
- Drama/ Storytelling
- Medical professionals

Why do you want to be a Fortune Teller Docent (Tour Guide)? Submit a 250 word typed response.

Student's signature _____

Parent/Guardian's signature _____

Email applications to suubimondesir18@gmail.com

**Please include all necessary attachments. Incomplete applications will not be accepted.*

T. Thomas Fortune Foundation, 94 Drs. James Parker Blvd, Red Bank, NJ 07701
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