

GUIDE APPLICATION

Name _____

Telephone # _____ Email Address _____

Level of Education: _____

Areas of Expertise _____

Languages in which you are fluent _____

Please check which tour(s) are of special interest to you:

- _____ Architectural Tours
- _____ African American History Tours
- _____ Ghost Tours
- _____ Military Tour
- _____ Motor Coach Tours (Step On Guide)
- _____ Plantation & Gardens Tours
- _____ School Groups (Elementary, Middle, and High School)
- _____ Walking Tours (Adult and Children)
- _____ **All of the above**

Please check if you are interested in assisting CCGS with other activities such as:

- _____ Airport Meet & Greet Service
- _____ Hospitality and Registration Desk for Conventions
- _____ Escorting Groups

Please check the times that you are available to Guide:

- | | |
|-----------------------------|-------------------------------|
| _____ Mornings Only | _____ Weekends Only |
| _____ Afternoons Only | _____ Sundays |
| _____ Mornings & Afternoons | _____ Anytime (7 days a week) |
| _____ Evenings | |

Charleston Convention and Group Services contracts the services of independent guides who are licensed by the City of Charleston on an as needed basis.

Please mail or fax this form to CCGS at:

*PO Box 1118
Charleston, SC 29402*

Or

(843) 571-4669 Fax