



Docent Application Form

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Please tell us about yourself:

Have you been a Museum docent or volunteer in the past? Yes _____ No _____

If yes, where and when? _____

Languages spoken: _____

Hobbies, special skills, (ie. Computers), interests:

Please indicate your highest level of schooling completed: _____

Which Museum exhibits are you most interested in?:

We train docents to teach a variety of audiences, including students, children, and people with special needs. Please describe any experience you have working with the general public:

List your specific experience working with children (Please indicate when and where):

Please list two references with contact information:

The docent program requires that, after successful training, you contribute 3-4 hours of volunteer time each month in addition to a monthly meeting. Please indicate your availability for training:

Which weekdays? _____ AM or PM _____

Which Weekends: _____ AM or PM _____

Please indicate your availability for volunteering:

Which weekdays? _____ AM or PM _____

Which Weekends: _____ AM or PM _____

Please describe any physical limitations or health concerns:

Signature: _____ Date: _____