

Volunteer Docent Application Form

Name:

Date:

Address:

City:

State:

Zip:

Telephone:

Email:

Occupation:

Availability (Check all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9am-1pm							
12-4pm							
5-9pm							

Please indicate areas of interest:

Adult Tours

Child/Family Programs

Children/School Tours

Customer Service

Events

Administrative

Please indicate your level of comfort in the following areas, with 1 being the lowest and 4 being the highest.

Public Speaking	1	2	3	4
Classroom Management	1	2	3	4
Adapting to Situations	1	2	3	4
Microsoft Suite	1	2	3	4
iPad Applications	1	2	3	4
Retail Sales	1	2	3	4
Standing/Walking for 1-2 Hours	1	2	3	4
Storytelling	1	2	3	4

Professional Experience (skip if submitting a resume)

Organization	Position	Dates

References

Name	Relationship	Telephone

