

Docent Application Please print clearly

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Home: _____ Cell: _____

Email Address: _____

Why do you want to be a docent? **Select area (circle one):** **Art** **Science** **History** **Dr. Seuss**

Please list any academic, professional, volunteer, and/or personal experience you have in the following areas:

Art/Science/History/Museums:

Teaching/Mentoring:

Public Speaking:

Tell us about your educational background:

Tell us about your volunteer and/or work experience:

References (Include name, phone number and e-mail address)

1. _____

2. _____

Contract Agreement

Upon acceptance into the docent program, you will be asked to sign an agreement by which you agree to:

1. Fulfill all class requirements.
2. Stay in the docent program for a minimum of two years upon completion of the beginning docent course.
3. Give several programs per year.

Notice: Docents who assist with Educational Programs may be asked to submit to a CORI (background) check.

Mail completed form to: Docent Program, Springfield Museums, 21 Edwards Street, Springfield, MA 01103
Questions? Call 413-314-6431, or email docents@springfieldmuseums.org