



## Museum Docent Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Please indicate the time you are available to volunteer:

- Weekdays (10:00AM – 3:00PM)
- Saturdays (9:00AM – 1:00PM and/or 1:00 – 5:00PM)
- Evenings (After 5:00PM)

Please list related job experience, volunteer experience, special skills, interests, or hobbies:

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Why do you want to become a DAR Museum Docent?

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How did you learn about the DAR Museum Docent Program?

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By signing this application I agree to fulfill the following requirements of a Docent-In-Training:

- Complete the New Docent Training Course
- Serve an apprenticeship of 60 hours

In order to remain an active docent I agree to volunteer at least two shifts per month and attend four continuing education sessions per year.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_