

Docent Application Form

NAME _____ DATE _____

First name as you want
it to appear on your name tag: _____

ADDRESS _____ HOME PHONE _____

CITY _____ ZIP _____ Are you 18 or over? _____

EMAIL ADDRESS _____

Place of employment: _____ Occupation: _____

Is it possible to call you at work? _____ WORK (or Cell) PHONE _____

Are you interested in working weekends or weekdays or both? Please specify:

Why do you want to be a docent at Discovery Park?

Have you ever taught or worked with children? (please list your experience)

Which age group(s) do you prefer working with? (check any that apply)

_____ tots (age 2-4) _____preschool/kindergarten (age 4-5)

_____ elementary (age 6-12) _____ teens (age 12-17) _____ adults

NOTE: Docents conduct very few program which are solely for adults.

Please list any special skills or areas of interest you have, i.e. photography, art, natural history, teaching, storytelling, birdwatching, speaking another language etc:

How did you learn about the Discovery Park Docent program?

Are you trained in _____CPR _____First Aid

Is there anything else you think we should know about you? If so, please add here. This might include physical limitations, personal goals for this program, etc.

Agreement with Discovery Park Docent Program:

- I will complete the docent training (11 sessions in Feb-March, 11 sessions in Aug-Oct).
- I will be able to fulfill the needs and requirements of the Discovery Park Docent Program.
- I plan on making a commitment of at least one year after graduation to the Discovery Park Docent Program.

Signature _____ Date _____

Applications are due *January 15, 2010*

PLEASE COMPLETE AND RETURN TO:

Discovery Park
3801 West Government Way
Seattle, WA 98199
Attn: Docent Coordinator



