



*Embracing the past. Shaping the future.*

## Docent Application Form

Welcome and thank you for your interest in volunteering with the museum. Volunteer application information is confidential and is used for placement purposes.

Application Date: \_\_\_\_\_

Name: Last:	First:	Middle Initial:
Date of Birth:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Complete mailing address:		
Day Phone:	Evening Phone:	
Best time to reach you: From:      am/pm      To:      am/pm		
E-mail:		
Emergency Contact:	Phone:	
Special Instructions: (Allergies, Medication, etc.):		

### Skills and Interests

#### EMPLOYMENT HISTORY

Are you currently employed?    YES    NO

If so, where? \_\_\_\_\_

Work address: \_\_\_\_\_

#### (List previous employment)

ORGANIZATION	POSITION	DATES

#### Previous volunteer experience (volunteer experience not required)

ORGANIZATION	POSITION	DATES

#### EDUCATION

Degree or Certification:
Do you speak any languages? Please list.
Sign language?

**Availability**

**Please check the day and shift time(s) you are available to volunteer:**

Once a Week: <input type="checkbox"/>	Twice a Week: <input type="checkbox"/>	Twice a Month: <input type="checkbox"/>	Holidays: <input type="checkbox"/>	On Call: <input type="checkbox"/>			
Shift Time	Mon	Tue	Wed	Thur	Fri	Sat	Sun
10:00 am – Noon							
11:30 am – 3:30 pm							
1:00 pm – 5:00 pm							
5:00 pm – 10:00 pm*							

\*Museum special events

**Questions**

**Please answer the following questions in detail.**

**In your own words, define “museum.” How does the Reginal F. Lewis Museum of Maryland African American History and Culture fit this definition?**

**Why are you interested in volunteering with the MAAHC?**

**What do you believe you will contribute to MAAHC as a volunteer?**

**How do you view your role as a MAAHC volunteer?**

List all courses or training which might relate to work as a docent or contact with the public, e.g. teaching, public speaking, African-American history, etc.

Have you ever been a docent?  Yes  No If so, where? \_\_\_\_\_

Will you have a one year commitment to the MAAHC docent program?  Yes  No

Why do you want to be a docent?

Have you ever worked with the following groups?

- |  |  |
|--|--|
| <input type="checkbox"/> Children        | <input type="checkbox"/> Physically Challenged   |
| <input type="checkbox"/> Teens           | <input type="checkbox"/> Learning Disabled       |
| <input type="checkbox"/> Senior Citizens | <input type="checkbox"/> Special Interest Groups |

**REFERENCES**

Name	Position	Telephone
1.		
2.		
3.		

How did you hear about us?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Referred by friend/volunteer | <input type="checkbox"/> Kiosk or display |
| <input type="checkbox"/> Agency/School | <input type="checkbox"/> Other                        |   |

I understand that my involvement and placement as Museum volunteer remains the prerogative of the Volunteer and Scholars Program Manager. Volunteer placement is not guaranteed, but dependent upon Museum needs.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return application to:  
Christina Sullivan  
MAAHC Volunteer & Scholars Program Manager  
830 East Pratt Street  
Baltimore, MD 21202  
410-333-1138 Fax

**Volunteer Services Office Use Only**

<b>Interview Date:</b>	<b>Start Date:</b>	<b>Scheduled Day:</b>
<b>Interviewer:</b>		
<b>Classes</b>		
<b>Intro to Volunteer Role</b>	<b>Museum Policies &amp; Procedures/Emergency Protocol</b>	<b>Customer Service Training</b>
<b>Completion Date</b>	<b>Completion Date</b>	<b>Completion Date</b>
<b>ADA Training/Diversity</b>	<b>16-week Docent Training Program</b>	<b>Nametag/Uniform</b>
<b>Completion Date</b>	<b>Completion Date</b>	
<b>Museum Assignment</b>		