



## Docent Program Application

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

Email \_\_\_\_\_

*(Communication for docent program sent through Email)*

How did you learn about the WMA Docent Program? \_\_\_\_\_

Why do you want to be a docent at the Wiregrass Museum of Art?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any past professional or volunteer experience you feel might be relevant to the WMA Docent Program? (i.e. arts, education, volunteer or past docent experience)

\_\_\_\_\_  
\_\_\_\_\_

Do you have any special needs or limitations?

\_\_\_\_\_

How many hours can you give weekly? \_\_\_\_\_ Monthly? \_\_\_\_\_

What times are you available?  mornings  afternoons  evenings  Saturdays

Please list all employment, community activities, and volunteer work in which you are currently involved. *Use the back of this sheet if necessary.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you prefer working with **Adults** or **Children**? Please circle your preference.

*Docents who will be working with children must undergo a background check, which requires your approval. Are you willing to have your background searched?*      yes       no

For more information, visit our website at [wiregrassmuseum.org](http://wiregrassmuseum.org) or call the Wiregrass Museum of Art at 334.794.3871. Please return/mail completed applications to the WMA at 126 Museum Ave. Dothan, AL 36302.