

# Danforth

*Museum of Art*

## DOCENT APPLICATION

Name *(please print)* \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone number (                    ) \_\_\_\_\_

Cell number : \_\_\_\_\_

Email Address \_\_\_\_\_

Membership status \_\_\_\_\_

The docent program is a 2-year commitment although we welcome your participation for many years. Briefly describe why you would like to enter the docent program:

Please describe formal education, including art training, if any:

List previous employment and responsibilities:

Additional information that might be relevant to the docent program (travel, volunteer work, community activities, etc.):

Would you be comfortable giving a tour in another language?  
If so, what language?

*Application continues on other side.*

Please indicate if you have had experience with any of the following groups:

- |                                            |                                   |
|--------------------------------------------|-----------------------------------|
| _____Elementary school children            | _____Adults                       |
| _____Middle school children                | _____Seniors                      |
| _____Teenagers                             | _____English as a second language |
| _____Children or adults with special needs |                                   |

Please explain.

How did you hear about the Docent Program?

**References:** Please list two references outside your family who could address your suitability for the docent program.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

*Thank you for your interest in the docent program!*

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*Please submit your application to the Education Department of the Danforth Museum of Art, 123 Union Avenue, Framingham, MA 01702  
If you have any questions, call 508.620.0050 ext 17.*

DATE RECEIVED \_\_\_\_\_

DATE OF INTERVIEW \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_