

Name:

Street Address:

City:

Zip:

Phone:

(home/cell)

Email Address:

Are you a Danforth Art Member? ☐ yes ☐ no

Today's Date:

## REFERENCES

Please list two references (community, academic, or professional).

Name:

Name:

Phone or Email:

Phone or Email:

Relationship:

Relationship:

**PLEASE PROVIDE ANSWERS TO THE FOLLOWING QUESTIONS, YOU MAY ATTACH SUPPLEMENTARY PAGES IF NEEDED.**

Briefly describe why you are interested in becoming a Danforth Art Docent:

Please describe your formal education, including any background in art history or studio art:

## EMPLOYMENT HISTORY

Employer:

Location:

Title:

From:

Employer:

Location:

Title:

From:

List any additional experiences that may be relevant (volunteer work, community activities, etc.):

Would you be comfortable facilitating a tour in another language? If so, what language(s)?

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

<input type="checkbox"/> Elementary school students	<input type="checkbox"/> Adults
<input type="checkbox"/> Middle school students	<input type="checkbox"/> Seniors
<input type="checkbox"/> High school or college students	<input type="checkbox"/> English language learners
<input type="checkbox"/> Children or adults with special needs	

If not already addressed in previous responses, please explain:

How did you hear about the Danforth Art Docent Program?

**mail, email, fax, or deliver your application to:**

Danforth Art \ Attn: Amy Briggs  
123 Union Avenue, Framingham, MA 01702  
Phone: 508-620-0050, ext. 23  
Fax: 508-820-0258  
abriggs@danforthart.org