



**Docent Program Application
Morris Museum of Art**

Personal information (please print clearly)

Applicant Name _____
Address _____ City _____ State _____ Zip _____
Phone (Daytime) _____ (Evening) _____ (Cell) _____
E-mail address _____
Best time to contact _____

Education: (please complete all that apply)

	Level	School	Major	Degree
High School	1 2 3 4			
College/University	1 2 3 4			
Graduate School	1 2 3 4			

Experience:

Current/most recent employer _____
Name of organization _____
Your title/position _____
Your duties _____ Years of service _____

Previous employer _____
Name of organization _____
Your title/position _____
Your duties _____ Years of service _____

Current/most recent volunteer position _____
Name of organization _____
Your duties _____ Years of service _____

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Name of organization _____
Your duties _____ Years of service _____

Skills and interests: (check all that apply)

Public Speaking _____ Customer Service _____

List any foreign languages spoken _____
Fluency: Basic _____ Conversational _____ Fluent _____

Office Skills: Data entry _____ MS Access _____ MS Word _____ MS Excel _____ Internet _____

Please list any other hobbies or personal interests _____

Why would you like to be a docent for the Morris Museum of Art? (Please attach additional sheets if necessary.) _____

Please describe in detail your professional experience and/or interest in art and how it would enhance your volunteer experience with the Morris Museum of Art. (Please attach additional sheets if necessary.) _____

Availability:

Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

Do you prefer to volunteer: ___ Weekdays ___ Weekends only ___ Both

List References: (not related to you)

Name _____
 Title and organization _____
 Address _____
 City/State/Zip _____
 Daytime Phone _____ E-mail _____

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Please send application to: Associate Curator of Education, School Programs
 Morris Museum of Art
 1 Tenth Street
 Augusta, GA 30901