

Baxter • Cleburne • Fulton • Independence • Izard • Jackson • Marion • Poinsett • Sharp • Stone • White • Woodruff

Volunteer Docent Application

Please print:	Date:	
Name:	E-mail:	_
Home phone:	_ Cell phone	
Address: C	City: Zip	_
Age Date of Birth//		
Parent or Guardian's signature (if under 18)		
Check all that apply:		
Student Employed Retired	_ Other	
References-Please provide 3 character references-Name_		
Name	Contact number	
Name	Contact number	
I have never been charged or convicted of a	crime other than minor traffic violation	ons.
(Signature required) If so please explain-		

Availability: (we request at least one	e shift per month) Tues Wed Thurs. Fri Sat Sun	
Mornings- 9:00am-12:30pm Afternoon 12:30pm-4:30pm		
Sunday shift is 1:30pm-4:00pm	<u> </u>	
List your volunteer experience, spec	cial skills, or abilities.	
Are you comfortable using a comput	ter?	
Do you enjoy working with kids?		
Would you be interested in learning,	/leading special programming?	
Volunteer Code of Conduct Agreement- As a volunteer you are in a professional setting and are expected to treat your supervisors, coworkers, and visitors with professionalism. Please turn your cell phone down while volunteering and excuse yourself before answering. Please be prompt for your shift and let staff know in advance if you need to be absent. In most cases you will be the only one scheduled for that time frame so it important for you to be there. We request you dress business casual; no shorts, sweats, tank tops, or strapless attire. We strive to maintain a neutral work environment. Please refrain from discussing politics, religion or gender preferences with visitors or coworkers.		
Signature:		
	: Age Date of Birth//	
Parent or Guardian's signature:		

Mail or bring application to: Old Independence Regional Museum 380 S. Ninth Street/ P O Box 4506 Batesville, AR 72501/72503

Attn: Docent Coordinator