



Applicant Questionnaire for the Docent Program

Date: _____

Name: _____

Address: _____

Telephone: _____

E-Mail: _____

Emergency Contact: Please list name, address, and telephone number for contact:

Are you a member? Y / N

If not, are you willing to sign up? Y / N

1. Have you been a docent before? _____ When? _____

What organization? _____

2. Briefly outline your educational background. Include information about degree and any other professional education/affiliations.

3. Do you have teaching experience? _____ Where? _____

Do you have any other experience working with children? Please explain.

4. Foreign languages spoken fluently: _____

5. Current volunteer activities: Briefly discuss your volunteer activities. Please specify organizations, dates, titles, and activities.

6. Other Relevant Skills:

7. Relevant Employment History: Give a brief history of current or past relevant employment, listing company affiliations.

8. References: Please list three references

1. _____

2. _____

3. _____

9. During the initial three-month training period, all activity will occur on Tuesdays from 2-5pm.

With this in mind, can you attend training sessions on Tuesdays in Feb-April? _____

10. Once a docent enters general service, docents will be required to complete two tours a month and 24 tours total a year. Are you willing to meet this requirement? _____

11. During general service, docents may be assigned some weekend tours. Are you willing to meet this requirement? _____

12. Have you ever applied to be a Docent at the Museum of Arts & Sciences before? If so, when?
Did you participate in an interview?

13. Why do you want to become a docent?

I understand that entrance to the Docent Program is selective. This application process alone does not ensure entrance to the program. Class size will be limited.

Signature: _____

Please return this questionnaire to:

Nicole Messervy
Manager of Education
nicolem@moas.org
Museum of Arts & Sciences
352 S Nova Rd
Daytona Beach, Florida 32114