

H E N R Y M O R R I S O N

FLAGLER MUSEUM

— PALM BEACH, FLORIDA —

DOCENT APPLICATION

PLEASE TYPE OR PRINT

Name _____ Date _____
Last First MI

Street Address _____

City _____ State _____ Zip Code _____

Phone Numbers (Day) (____) _____ (Other) (____) _____

Email Address _____

Birthday (mm/dd/yyyy) _____

Contact, in Case of Emergency: Name _____

Relationship to you _____

Phone Number (____) _____

Are you a Seasonal Resident? (please check one) Yes ____ No ____

If you checked "Yes", please list your contact information:

Out of Town Street Address _____

City _____ State _____ Zip Code _____

Phone Number (Day) (____) _____ (Other) (____) _____

Dates at out of town address (mm/dd/yyyy) _____ To (mm/dd/yyyy) _____

Describe any health conditions which might be important to know in case of, emergency?

Please explain why you want to become a Docent at the Flagler Museum?

QUALIFICATIONS

EDUCATION Indicate last year of education completed (please circle)

High School freshman sophomore junior senior

College freshman sophomore junior senior

Masters Ph.D. Other, specify _____

Major _____ School attended _____

Are you currently enrolled as a student? (please check) Yes ____ No ____

Name of School _____

List any other relevant training or education

EXPERIENCE

Are you currently employed? (please check) Yes ____ No ____

Job Title or Description? _____

Employer _____ Location _____

Describe any other relevant work experience _____

Describe any current or past volunteer experience _____

SKILLS AND INTERESTS

List any special skills, interests or hobbies that might be useful to the Flagler Museum (office skills, foreign languages, special needs audiences, computer, etc.) _____

AREAS OF INTEREST

Review the Docent Service Area Descriptions and list your first and second (if applicable) area of interest in order of preference.

1) _____ 2) _____ 3) _____

AVAILABILITY

Please mark all that apply:

	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning						
Afternoon						
Evening if applicable						

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Indicate The Number of Hours You Would Generally Be Available Per Week _____ hours

Please Note: A 75 hour time commitment is required to remain active in the Flagler Museum Docent Program.

Indicate What Months You Are Available During The Year _____

The information provided on this Docent Application is true, correct and complete. If selected for the Docent Training Program, any misstatements or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer to join the Docent Training Program does not create a contractual obligation upon the Henry Morrison Flagler Museum or secure any volunteer opportunity in the future. I also understand that upon acceptance of an offer to join the Docent Training Program, the Henry Morrison Flagler Museum will conduct a background check. The Henry Morrison Flagler Museum is a drug-free and smoke-free workplace.

Applicant Signature _____ Date _____

Please send this completed Docent Application to:
Visitor Services Manager
P.O. Box 969
Palm Beach, FL 33480
OR
visitorservicesmanager@flaglermuseum.us

Office Use Only:

Date Application Received: _____

1st Interview: _____

2nd Interview: _____

Date Assigned: _____