



# DOCENT PROGRAM APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address (**required**) \_\_\_\_\_

1. Please check other Docent Program(s) you may be interested in, and we will notify you when training is scheduled:

- Gallery Docent
- Old Town Walking Tour
- Casa San Ysidro (Corrales)

2. Please tell us why you are interested in becoming a docent.

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3. What is your educational background? Include classes, training programs, etc.

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4. What career background and/or life experience would contribute to your work as a docent? Include volunteer work, such as with community, school or church organizations. Note any languages you speak fluently.

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5. **The Gallery and Casa San Ysidro programs tour large numbers of school children.** How do you feel about working with children? Describe any experiences you have working with children.

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6. How did you hear about the Docent Program?

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*A completed application does not guarantee acceptance into the Albuquerque Museum Docent Program. All volunteers must pass a background check. Background Check Applications will be provided to all interested applicants before starting training.*

Sending Your Application

**Mail:**

Albuquerque Museum, Education Division,  
P.O. Box 1293, Albuquerque, NM 87103.

**Email:** tasedillo@cabq.gov

**Office Use Only: Received (month/day/year)** \_\_\_\_\_