

Museum of History and Art, Ontario

225 South Euclid Avenue

Ontario, CA 91762

Phone (909) 395-2510

Fax (909) 983-8978

2011 Gallery Docent Application Form

Please Print Legibly

Date: ____/____/____

First Name: _____

Last Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: ____/____-____ **Cell Phone:** ____/____-____

Fax: ____/____-____ **E-mail:** _____

**Tours are typically scheduled Monday – Friday from 9:00 am to 1:00 pm.
(special days and hours upon request)**

Check the days you are available.

Monday Tuesday Wednesday Thursday Friday

Please indicate your preference of age group to work with: *Check choice*

Children Teens Adults Special Needs children/adults

Please briefly describe your work/volunteer experience:

I.E. Church, professional organizations, fraternal, etc.

Organization: _____ Department: _____ Years: _____

Experience description: _____

Organization: _____ Department: _____ Years: _____

Experience description: _____

Organization: _____ Department: _____ Years: _____

Experience description: _____

Please write a short statement about why you would like to become a docent at the Museum of History and Art, Ontario. _____

Special skills, hobbies and interests: (languages/artistic/teaching/public speaking)

I understand that I am required to attend all docent-training sessions unless other arrangements are made with museum staff. After successful completion of the training program, I agree to be available to volunteer at least 15 times per year for a period of two years. I understand that, following successful completion of the training program, a basic background check with fingerprints will be conducted by the Ontario Police Department before I begin leading school tours. I agree to provide my Drivers License number for this purpose. I understand that my signature below permits the Museum of History and Art, Ontario and the Museum of History and Art, Ontario Associates to use photographs and/or videos of my participation in any museum program or service for promotional or reporting purposes. I will comply with a six-month evaluation. To the best of my knowledge, my answers on the application are correct and true.

Signature of Applicant

Date