

DOCENT PROGRAM APPLICATION

The Arizona-Sonora Desert Museum is a strong believer in equal opportunity for all.
Please print and answer all questions completely.

NAME _____ ARE YOU OVER THE AGE OF 18 YEARS? YES NO
ADDRESS _____ CITY/STATE/ZIP _____
PHONE _____ E-MAIL _____

EMPLOYMENT HISTORY

ARE YOU CURRENTLY EMPLOYED? YES NO IF SO, WHERE? _____
WORK ADDRESS _____

(LIST PREVIOUS EMPLOYMENT)

<i>ORGANIZATION</i>	<i>POSITION</i>	<i>DATES</i>

VOLUNTEER HISTORY (LIST VOLUNTEER WORK FOR THE PAST 5 YEARS)

<i>ORGANIZATION</i>	<i>POSITION</i>	<i>DATES</i>

PLEASE LIST THE TIMES YOU ARE AVAILABLE TO VOLUNTEER

<i>DAY/TIME</i>	<i>MON</i>	<i>TUE</i>	<i>WED</i>	<i>THU</i>	<i>FRI</i>	<i>SAT</i>	<i>SUN</i>
<i>AM</i>							
<i>PM</i>							

EDUCATION BACKGROUND _____

CURRENTLY IN SCHOOL? YES NO GRADUATE UNDERGRADUATE MAJOR _____

HOBBIES/INTERESTS _____

ASDM MEMBER? YES NO OTHER ORGANIZATIONS? _____

DO YOU SPEAK A FOREIGN LANGUAGE? YES NO LIST: _____

DO YOU ENJOY WORKING WITH ADULTS? YES NO WITH CHILDREN? YES NO

HOW DID YOU LEARN ABOUT THE DOCENT PROGRAM? _____

DESCRIBE WHY YOU WISH TO VOLUNTEER AT THE ARIZONA-SONORA DESERT MUSEUM: _____

DESCRIBE WHAT CUSTOMER SERVICE MEANS TO YOU? WHY IS IT IMPORTANT? _____

REMARKS: _____

ACKNOWLEDGEMENT

The information in this application is true and complete, and I have not knowingly withheld any information. I understand that misrepresentation may be cause for dismissal. I authorize verification of all information contained in this application. I also understand that if I become a volunteer at the Arizona-Sonora Desert Museum, a commitment to upholding the mission of the Museum will be expected, with a focus on customer service, co-worker and volunteer respect, and maintaining an environment of integrity both to people and to animals.

As a volunteer at the Arizona-Sonora Desert Museum, I agree to follow all guidelines and policies set forth. I understand that following my successful completion of the training course, I will make a two-year commitment to volunteer for a minimum of 144 hours per year. In addition, I consent to emergency medical attention in the event that I am unable to give my consent. I am aware that the Museum has the right to release me from service at any time, just as I have the right to refrain from volunteering at any time.

Signature: _____

Date: _____

ARIZONA-SONORA DESERT MUSEUM

MISSION STATEMENT

The mission of the Arizona-Sonora Desert Museum is to inspire people to live in harmony with the natural world by fostering love, appreciation, and understanding of the Sonoran Desert.

Adopted by the Board of Trustees

September, 1999