

DATE: _____



WEST DES MOINES
HISTORICAL SOCIETY
Preserving the past for the future.

Docent Application

Name: _____

Home address _____

City: _____ State: _____ Zip: _____

Day phone : _____ Cell: _____

Email: _____

Why do you want to be a docent? What do you want to gain from this experience?

Do you have any previous volunteer or docent experience? Please describe:

DATE: _____

Your availability: (circle all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Preferred time available: _____

Are you able to lift 30 lbs? Yes No

Do you have a driver's license? No Yes

Do you have car insurance? No Yes

REFERENCES

Please list three people who know you well and can attest to your character, skills, and dependability.

Name/Organization	Relationship to you	Length of relationship	Phone number

EMPLOYMENT

Current Employer, if applicable:

Position/Title _____

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of employment. I certify that I have and will provide information throughout the selection process, including on this application for a docent position and in interviews with the West Des Moines Historical Society that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by WDMHS. I understand that misrepresentations or omissions may be cause for my immediate termination as a docent.

Signature _____ Date _____