



1. Applicant Information

Name _____

Street Address Apt. # City Province Postal Code

Phone (Day) Phone (Evening) Phone (Cell) E-mail

a) Check all of the times of the week you are typically able to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

b) Check the months you are typically able to volunteer:

January	February	March	April	May	June	July	August	September	October	November	December

c) Are you fluent in any languages other than English? _____

2. Background Information

1. Why are you interested in being a KW|AG docent?

2. Do you volunteer for other organizations? If so, where and what do you do?

3. What are your interests, hobbies, or leisure time activities?

4. What kind of work experience do you have?

5. Have you worked with adults in a group context? Please list and describe.

6. Have you worked with children in a group context? Please list and describe.

7. Please describe your interest in art, and your knowledge of contemporary art.

8. How do you prefer to learn new things? (read, observe, listen, research, try it, etc.)

9. What skills or training do you feel you have that would be beneficial to this work? Experience in teaching, public speaking, working with groups, art history?

10. What is the most important way the museum staff can assist you as a docent? What kind of support or structure do you need or want from the program?

11. Please add any additional comments or questions.

12. How did you hear about the Docent Program?

3. References

Please list two references and their affiliations:

- | | |
|--|--|
| <p>1) Name:
Affiliation:
Phone:
Email:</p> | <p>2) Name:
Affiliation:
Phone:
Email:</p> |
|--|--|

Please return application in person or by phone, fax, or email

Kitchener-Waterloo Art Gallery
Docent Program c/o Director of Public Programs and Education
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 Kitchener, ON N2H 6P7
 Fax: 519-578-0740
 Email: tethelston@kwag.on.ca