MMoCA EDUCATION DEPARTMENT 2020 VOLUNTEER DOCENT APPLICATION

Name:		
Address:		
		(zip code)
Email:		
Phone: (Home)		(Cell, if applicable)
For medical er Phone:	nergency contact:	
Please give on	e professional reference:	
Name and posi	tion:	
Telephone:		
Please describ	e why you would like to be a do	ocent at MMoCA.
We also reques devoted to the	st that docents make a two-year	onfident and be fully prepared to give tours. commitment to the program, including the time spend time preparing for and giving tours and
Yes	No	
month during (Occasionally, y	peak school tour season (mid- t ou may receive additional reque d for a particular exhibition. Doe:	ask that docents be available for two tours per o late fall and mid- to late spring). sts for tour participation due to the number of s your schedule permit this level of involvement
Yes	No	
volunteer activ		MMoCA ; there also are nominal costs involved in pared to become a museum member as part of
Yes	No	



professional projects, vo	olunteer work or other th children and adult	work or endeavors relate groups, or educational an	or previous employment, ed to art, public speaking d teaching experiences. If
		d , including studio art, ar or other fields that might	t history, education, be relevant to your work
These may include litera writing, collecting, story	ture, dance, popular c telling, fluency in Ame	i nterest that might aid y culture, travel, nature, scie erican Sign Language or c art museums and galleries	ence, philanthropies, other languages,
specific age groups. Ple	ease rate the following	s, we will try to accommo groups 1 to 7, with 1 for y persons with disabilities	
How did you learn abou	ıt MMoCA's docent tr	aining program?	
MMoCA website	MMoCA email	News media listing	Friend
	Sheri Castelnuovo, Cu Madison Museum of C		

227 State Street, Madison, Wisconsin 53703 608.257.0158, extension 227; sheri@mmoca.org

