

# FLAGLER MUSEUM

— PALM BEACH, FLORIDA —

## DOCENT APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First M.I.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (Direct) \_\_\_\_\_ Phone Number (Other) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Birthday (mm/dd/yyyy) \_\_\_\_\_

Emergency Contact Information: Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Phone Number \_\_\_\_\_

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Are you a Seasonal Resident? (Please check one):  Yes  No

If you checked "Yes", please list your Contact Information:

Out-of-Town Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (Direct) \_\_\_\_\_ Phone Number (Other) \_\_\_\_\_

Date for when at (Out-of-Town Address): From (mm/dd) \_\_\_\_\_ To (mm/dd) \_\_\_\_\_

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Describe any health conditions which might be important to know in case of emergency.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain why you want to become a Docent at the Flagler Museum.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## DOCENT APPLICATION (CONTINUED)

### QUALIFICATIONS

EDUCATION (Please indicate last year of education completed)

*High School:*              Freshman                      Sophomore                      Junior                      Senior

*College:*                      Freshman                      Sophomore                      Junior                      Senior

Masters                      Ph.D.                      Other, specify \_\_\_\_\_

Major \_\_\_\_\_ School attended \_\_\_\_\_

Are you currently enrolled as a student? (Please check one):       Yes                       No

Name of School \_\_\_\_\_

List any other relevant training or education:

\_\_\_\_\_

\_\_\_\_\_

### EXPERIENCE

Are you currently employed? (Please check one):       Yes                       No

Job Title or Description? \_\_\_\_\_

Employer \_\_\_\_\_ Location \_\_\_\_\_

Describe any other relevant work experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any current or past volunteer experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SKILLS AND INTERESTS

List any special skills, interests or hobbies that might be useful to the Flagler Museum (office skills, foreign languages, special needs audiences, computer, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## AREAS OF INTEREST

Review the Docent Service Area Descriptions and list your first and second (if applicable) area of interest in order of preference:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

## AVAILABILITY

Please mark all that apply:

	TUE	WED	THU	FRI	SAT	SUN
MORNING						
AFTERNOON						
EVENING						

Indicate the number of hours you would generally be available per week: \_\_\_\_\_

*Please Note: A 75-hour time commitment is required to remain active in the Flagler Museum Docent Program.*

Indicate what months you are available during the year: \_\_\_\_\_

*The information provided on this Docent Application is true, correct, and complete. If selected for the Docent Training Program, any misstatements or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer to join the Docent Training Program does not create a contractual obligation upon the Henry Morrison Flagler Museum or secure any volunteer opportunity in the future. I also understand that upon acceptance of an offer to join the Docent Training Program, the Henry Morrison Flagler Museum will conduct a background check. The Henry Morrison Flagler Museum is a drug-free and smoke-free workplace.*

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Please send this completed Docent Application to:

Attn: Education Manager

P.O. Box 969, Palm Beach, FL 33480

OR

[educationmanager@flaglERMuseum.us](mailto:educationmanager@flaglERMuseum.us)

Office Use Only:

Date application Received: \_\_\_\_\_

1<sup>st</sup> Interview: \_\_\_\_\_

2<sup>nd</sup> Interview: \_\_\_\_\_

Date assigned: \_\_\_\_\_