Junior Docent Application Form

office use only:		Mag	
Begin date:			
Department:			
Interviewed by:		The Miles	
Name: <u>Last:</u>	First:	Middle:	Date:
Local Address:		City:	Zip:
Home Phone: ()		_ Alternate Phone: ()	work or cell?
E-mail address:		Date of Birth:	
Have you ever volunteered	d before?	If yes, where?	
		a short bio of yourself. Include yo ved with, in or outside of your scl	
Please circle the # of days y to work:	* 1 1	referred day(s) to work: Tue	Wed Thu Fri Sat Sun
1, 2, 3, 4, 5, or 6 day(s) per (or) 1, 2, 3, 4, 5, 6, or 7 day(s) p	ir	From the list below, please mark which areas you are interested in volunteering for. Check all that apply No prior experience required for any of the following fields.	
Exhibits: Painting, fabridown. (Tue-Sun) 9am-4pm Foundation office: Filing assisting staff, special project (Tue-Sun) 9am-4pm Front desk: Admissions, operation, walking/tram tour (Tue-Sun) 9am-4pm Collections: Data entry, cataloging, filing, cleaning. (Tue-Sun) 9am-4pm	g, stuffing envelop ts. cash register s, visitor info.	up, bartending. (Hours vary <u>Gift Shop:</u> Cash registed customer service, daily cash (Tue-Sun) 9am-4pm	cr operation, stocking, and drawer balance. Care, cleaning/dusting of or repairs and grounds up (Tue-Sun) 9am-4pm painting, polishing and

- please complete the form below -

Person(s) to notify in case of an emergency	y :
Name:	Home Phone: ()
	Work or Cell: ()
Name:	Home Phone: ()
	Work or Cell: ()
Volun	teer Certificate
Museum for the express purpose of stating that a Museum are entirely voluntary and gratuitous. I	, wishing to volunteer my services to the March Field Air rside, CA 92518, hereby execute this certificate to the my and all services performed by me on behalf of the specifically decline any payment or other reimbursement of uture make any claim upon the Museum for any such
expected to be diplomatic in all dealings with the	ssional manner. I understand that, as a volunteer, I am public. I agree to work my schedule and attend any will give timely notice of any expected absence and inform address and/or phone number.
	aspects of the Museum Safety Program, industrial or will wear protective clothing as required to do the task red.
person which may result from my own negligent	eum harmless from any damage or injury to my property or while engaged as a volunteer on behalf of the Museum, and injury or damage to my person or property which may
This agreement and certificate is made on this da	-20
Signature:	
Parent Signature:	required if under the age of eighteen.