



# DOCENT APPLICATION FORM

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

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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**Summary of Work and/or Volunteer experience:**

**What are your special skills, education, interests, and hobbies that might help you as a MAM volunteer?**

**Why do you want to volunteer at the Missoula Art Museum?**

**How did you learn about the MAM volunteer program?**

What sort of time commitment would you like to give to MAM? What is your availability?

Are you a MAM member? Circle one: YES NO

Please list two references:

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NAME	EMAIL	PHONE
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NAME	EMAIL	PHONE
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Emergency Contact:

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NAME	EMAIL	PHONE
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As a Missoula Art Museum Docent I will:

- Be punctual and invested in my work
- Be willing to accept supervision
- Give adequate notice (24hrs when possible) if unable to cover my shift or duties
- Talk to MAM supervisor about any concerns, criticisms, or problems I may encounter
- Take ownership and responsibility for the Missoula Art Museum mission:

***MAM Mission:** MAM serves the public by engaging audiences and artists in the exploration of contemporary art relevant to the community, state and region. —MAM Board of Directors, 2008*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*If you are emailing this form, you can leave the signature line blank. Submit your application via email to Jenny Bevill at [jenny@missoulaartmuseum.org](mailto:jenny@missoulaartmuseum.org) with the subject line "Docent Application 2021"*