

DOCENT APPLICATION FORM



Date: _____

First Name: _____ Last Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

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:

Name	Email	Phone
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Name	Email	Phone
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Emergency Contact:

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 (24 hours 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 Cameron Decker at cameron@missoulaartmuseum.org with the subject line "Docent Application 2022"