

MAXWELL MUSEUM EDUCATIONAL OUTREACH PROGRAMS DOCENT APPLICATION

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

E-mail: _____

AVAILABILITY: Please specify which days and times you are available to volunteer.

- Weekdays
- Weekends
- Evenings
- Summer

DAYS	MON	TUES	WED	THURS	FRI	SAT
TIME(s)						

PROGRAM PREFERENCES:

- Traveling Trunks
- Special Events
- Museum Tours

AGE/GROUP PREFERENCES:

- Pre-School/Day Care
- Middle School
- Youth/Community Groups
- K-4
- High School
- Adults
- 4-6
- College
- Special Needs

Have you ever had volunteer experience? If so, please list where and what type:

Have you ever worked in a museum? If so, please list where and what type of work:

Why are you interested in volunteering with the Maxwell Museum's Education Division?



(over)



Are you currently employed/in school? If so, where/what position?

If you work, how many hours? Will this conflict with your volunteer commitments?

Please describe any condition that might prohibit/limit your volunteer activities (for example: lifting, bending, etc.).

Please add anything that might be helpful in your work as a docent (i.e. other languages, hobbies, skills, special interests).

REFERENCES: Please list 2 references

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

E-mail: _____

Relationship: _____

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

E-mail: _____

Relationship: _____

Return this form to: Education Division, Maxwell Museum of Anthropology, MSC01 1050,
1 University of New Mexico, Albuquerque, New Mexico, 87131-0001
or by email to Amy Grochowski at amygro@unm.edu .



All applicants will be screened.

Maxwell Museum of Anthropology – Education Division, 277-2924

