



yellowstoneartmuseum



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education@artmuseum.org • www.artmuseum.org

## Docent Application

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Why are you interested in the docent program?

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Educational background:

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Occupational experience:

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Volunteer experience:

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What background and/or interest do you have in the arts?

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What are your hobbies or special interests?

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How did you hear about the docent program?

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### Docent Areas of Interest

What part of the education program interests you most? (check one or more)

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|---|--|
| <input type="checkbox"/> Leading tours of museum exhibitions            | <input type="checkbox"/> Art Lessons in Education Studio |
| <input type="checkbox"/> Elementary                                     | <input type="checkbox"/> Young Artist Gallery            |
| <input type="checkbox"/> Junior High                                    | <input type="checkbox"/> Outreach Programs               |
| <input type="checkbox"/> High School                                    | <input type="checkbox"/> Museum Classes/Events           |
| <input type="checkbox"/> Adults   | <input type="checkbox"/> Special Needs                   |
| <input type="checkbox"/> Presenting Art Suitcase Program in the schools |  |

### Emergency Information

Emergency contact name: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

Physician Preference: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Do you have any medical problems that the Yellowstone Art Museum should be aware of? \_\_\_\_\_

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### Liability Release

I hereby release, indemnify, and hold harmless the Yellowstone Art Museum, and sponsors and supervisors of all activities, from any and all liability in connection with any injury (including any injury caused by negligence) in conjunction with any docent activities.

I also certify that I am in good health and able to participate in the docent program activities. I certify that I am over 18 years of age and am competent to contract my name insofar as the above is concerned. I have read the foregoing release, authorization, and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

Signature: \_\_\_\_\_

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