



ONTARIO
MUSEUM
 OF HISTORY & ART

Docent Application Form

Ontario Museum of History and Art
 225 South Euclid Avenue Ontario, California 91762
 Phone: (909) 395-2510 Fax: (909) 983-8978



Please Print Legibly

Date: ____ / ____ / ____

First Name: _____

Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Fax Phone: _____ E-mail: _____

Check the days that you are available:

- Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday

Please indicate your preference of age group to work with:

- Children Teens Adults
 Special Needs Children/Adults Community Groups

Please briefly describe your work/volunteer experience:

Organization: _____ Department: _____ Years: _____

Experience Description: _____

Organization: _____ Department: _____ Years: _____

Experience Description: _____

Organization: _____ Department: _____ Years: _____

Experience Description: _____

Please write a short statement about why you would like to become a docent at the Ontario Museum of History and Art.

Special skills, hobbies and interests (languages/artistic/teaching/public speaking):

I understand that, upon acceptance into the program, I will fill out a City of Ontario Volunteer Release Form available online at www.ci.ontario.ca.us or by hard copy and complete the process for a criminal background check prior to the completion of Docent Training Program. I agree to provide my Drivers License number for this purpose. I understand that I am required to attend all docent training sessions unless other arrangements are made with Museum staff. After successful completion of the training program, I agree to be available to volunteer at least 15 times per year for a period of two years. I understand that my signature below permits the Ontario Museum of History and Art and the Ontario Museum of History and Art Associates to use photographs and/or videos of my participation in any museum program or service for promotional or reporting purposes. I will comply with a six-month evaluation. To the best of my knowledge, my answers on the application are correct and true.

Signature of Applicant

Date

Please email the signed copy to rhorta@ci.ontario.ca.us