

### Muscarelle Museum of Art Docent Application

Applicant Information		
Name:		
Last	First	Middle
Address:		
Phone:		
E-Mail:		
Emergency Contact:		
	<b>Applicant His</b> Please Attach Additional Sh	
Do you have previous museum e	experience? If yes, where an	nd in what capacity?
How did you learn about the Mu	uscarelle docent program an	nd why do you want to be a docent here?
		<del>-</del>
List your computer skills.		

## **Muscarelle Museum of Art Docent Application: Page 2**

#### **Applicant History (Continued)**

What experience and special interests do you have applicable to being a doc	ent? (Check all that apply.)
Searching for and organizing information into a database	
Proofing and editing correspondence	
Writing about art or exhibitions	
Writing scripts for touring	
Public speaking	
Data entry	
Other	
Education	
College:	
Number of Year Attended:	
Graduated?	
Area of Study/Degree:	
College:	
Number of Years Attended:	
Graduated?	
Area of Study/Degree:	
Skills/Qualifications	
List exposure to the visual arts:	

#### **Muscarelle Museum of Art Docent Application: Page 3**

List experience working with	and/or teaching adults and children:
	References
Reference 1:	
Name	<del></del>
Relationship:	Phone Number:
Reference 2:	
Name:	
Relationship:	Phone Number:

# **Please Return Electronically**

to:

museum@wm.edu -OR-

Via Standard Mail:

Muscarelle Museum of Art PO Box Office 8795 Williamsburg, VA 23187