

**Please complete the docent application and attach your resume and one personal and professional reference.**

Please return to the Director of Education  
Lyman Allyn Art Museum  
625 Williams Street  
New London, CT 06320  
(860) 443-2545

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Ms./Mr./Mrs.	First	Last
Address		Apt.
City	State	Zip
Home Phone	Cell Phone	Work Phone
Email	Emergency Contact & Phone	

**Personal Information**

Allergies to food or medicine: \_\_\_\_\_

Health Requirements: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_

College (please include majors and minors):  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

**Employment History**

Please list your most recent employer and indicate additional employment on your resume.

Company Name	(_____) _____ -	Telephone	
Address	City	State	Zip
Name of Supervisor	Job Title / Description	Dates Employed	

**Availability**

Please list below the day(s) and times you may be available to volunteer.

<b>Tuesday</b> ___ to ___	<b>Wednesday</b> ___ to ___	<b>Thursday</b> ___ to ___	<b>Friday</b> ___ to ___	<b>Saturday</b> ___ to ___	<b>Sunday</b> ___ to ___
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If you prefer an on call position, please check the box

**Skills/Experience**

Please provide a list of your skills, talents, interests and/or expertise that you think may be helpful to you in your docent work.

Skills/Expertise	Interests/ Talents
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

**Please describe any work or volunteering experiences you may have related to teaching and/or communicating with:**

Children and teenagers:

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Adults:

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Seniors:

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College/University students:

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Families:

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People with special needs (i.e. learning disabilities, physically disabled, visually or hearing impaired, etc.):

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While docents should be prepared to give tours to everyone, do you have a preferred age group?

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**Additional Questions**

Why would you like to become a Lyman Allyn docent?

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What would you like to learn from your docent experience?

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How did you hear about the Lyman Allyn's docent program?

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Are you fluent in a second language?

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**Do you consent to a background check?**

Yes

No

**\*\*Accuracy of Information\*\***

I, \_\_\_\_\_ certify that the information provided on this application is truthful and accurate.  
Applicant Signature

**For more information about the Lyman Allyn Art Museum visit [lymanallyn.org](http://lymanallyn.org)**