



Docent Application Form

Please complete the docent application

Please return to Caitlin Healy, Director of Education
 Lyman Allyn Art Museum
 625 Williams Street
 New London, CT 06320
healy@lymanallyn.org
 (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: _____

Availability

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

Tuesday __ to __	Wednesday __ to __	Thursday __ to __	Friday __ to __	Saturday __ to __	Sunday __ to __
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If you prefer an on call position, please check the box

Skills/Experience

Please include any prior docent/public speaking experience, special training, education, or certification which may be relevant:

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:

Adults:

Seniors:

College/University students:

Families:

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

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

Additional Questions

Why would you like to become a Lyman Allyn docent?

What would you like to learn from your docent experience?

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

Are you fluent in a second language?

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