



DOCENT APPLICATION FORM

Mr./Mrs./Ms \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Employed full-time? \_\_\_\_\_ Part-time? \_\_\_\_\_ Retired? \_\_\_\_\_

Occupation \_\_\_\_\_

Volunteer experience (not a prerequisite) \_\_\_\_\_

Are you a member of the Santa Monica Conservancy? \_\_\_\_\_

How did you learn about the docent program? \_\_\_\_\_

Why are you interested in becoming a docent? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is your time availability? (mornings/afternoons/weekends/weekdays?) \_\_\_\_\_

\_\_\_\_\_

Do you speak other languages? \_\_\_\_\_

Are you currently active in other volunteer organizations? If so, how many hours per month do you give? \_\_\_\_\_

THANK YOU FOR YOUR INTEREST! Confirmation and details will follow.  
Please return this form by mail or by email to [info@smconservancy.org](mailto:info@smconservancy.org).