
SIEGFRIED H. HORN ARCHAEOLOGICAL MUSEUM

**APPLICATION
FOR
DOCENT PROGRAM**

Personal
Information:

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____ Cell: _____
E-mail: _____

Education:

High School _____ Diploma? Yes No
College/University _____ Years Completed: _____
Major: _____ Degree: Yes No
Graduate School _____ Years Completed: _____
Major: _____ Degree: Yes No

Experience
& Skills:

Current or most recent employer
Organization: _____
Job Title: _____ Years of Service: _____

Previous employer
Organization: _____
Job Title: _____ Years of Service: _____

Current or most recent volunteer experience
Organization: _____
Job Title: _____ Years of Service: _____

Previous volunteer experience
Organization: _____
Job Title: _____ Years of Service: _____

Please explain your relevant skills:

Hobbies &
Interests:

Please list your hobbies and personal interests:

Specific Interests:

Why would you like to be a docent at the Siegfried H. Horn Archaeological Museum?

Availability:

Please check all of the days and times are you available?

Monday ___ Morning (9am-1pm) ___ Afternoon (1pm-5pm)
Tuesday ___ Morning (9am-1pm) ___ Afternoon (1pm-5pm)
Wednesday ___ Morning (9am-1pm) ___ Afternoon (1pm-5pm)
Thursday ___ Morning (9am-1pm) ___ Afternoon (1pm-5pm)
Friday ___ Morning (8am-12pm)
Saturday ___ Afternoon (3pm-5pm)

References:

Please provide two references other than relatives:

Name: _____
Title: _____ Phone: _____
Relationship: _____
Name: _____
Title: _____ Phone: _____
Relationship: _____

I hereby certify, that to the best of my knowledge, all of the provided information on the application is accurate, legitimate, and complete. I understand that falsifying or providing misleading information on this application may result in the result in the rejection of the application or termination of service.

Signature

Date

Mail or fax application to:
Docent Program
Siegfried H. Horn Museum
9047 Old U.S. 31
Berrien Springs, MI 49104-0990
Fax: (269) 471-3619