

APPLICATION FOR ADMISSION TO THE DOCENT PROGRAM

Circle one: Weekday Docent Weekend Docent

1) General

Name:

Last

First

Initial

Home Address:

Number and Street

Apt

City

Postal Code

Home Phone: _____ Cellular Phone: _____

Business Phone _____ e-mail: _____

Business & Position Title

2) Volunteer Service

Organization Responsibilities Year

3) Employment Experience (Please fill in or attach your resume.)

Employer Responsibilities Year

4 . Educational Background:

Institution Program Year

5. Skills:

How would you describe your public speaking skills?

Do you speak a language other than English?

- No
- Yes Please List

6. Other Skills::

7. **General Information:**

What are your hobbies or special interests?

How did you hear about the Docent Program?

Are you a member of McMichael?

- No
 Yes Membership Number _____

Are you a member of the McMichael Volunteer Committee? Yes No

Please return this application to:

Education Department
Attn: Elaine Hoffman
McMichael Canadian Art Collection
10365 Islington Avenue
Kleinburg, Ontario L0J 1C0

Fax: (905) 893-0692
Email: ehoffman@mcmichael.com

Date: _____

Signature: _____