APPLICATION
Docent Program
Education
MSU Museum
409 W. Circle Dr.
East Lansing, MI 48824

Personal Information:
Name:

Address:

City/State/Zip:

Phone (home/cell):

E-Mail:

Education:
High School:

Diploma? □ Yes □ No

College/University:

Degree? □ Yes □ No  Years completed:  Major:

Master’s Degree Program:

Degree? □ Yes □ No  Years completed:  Major:

Doctoral Degree Program:

Degree? □ Yes □ No  Years completed:  Major:

Experience & Skills:
Current/most recent employer:

Organization:

Title:

Years of Service:
Previous Employer:

Organization:

Title:

Years of Service:

Previous Employer:

Organization:

Title:

Years of Service:

Please explain your relevant skills:

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Please list your hobbies and personal interests:

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Specific Interests:
Why would you like to be a docent at the MSU Museum?

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Availability:
What days and times are you available to volunteer? (Please check all that apply.)
Monday:  ☐ Morning (9am-1pm)  ☐ Afternoon (1pm-4pm)
Tuesday:  ☐ Morning (9am-1pm)  ☐ Afternoon (1pm-4pm)
Wednesday:  ☐ Morning (9am-1pm)  ☐ Afternoon (1pm-4pm)
Thursday:  ☐ Morning (9am-1pm)  ☐ Afternoon (1pm-4pm)
Friday:  ☐ Morning (9am-1pm)  ☐ Afternoon (1pm-4pm)
Saturday:  ☐ Morning (9am-1pm)  ☐ Afternoon (1pm-4pm)
Sunday:  ☐ Morning (9am-1pm)  ☐ Afternoon (1pm-4pm)

References:
Please provide two references not related to you.
Mr./Ms.

Title:

________________________

Relationship:

________________________

Phone/E-Mail:

________________________

Mr./Ms.

Title:

________________________

Relationship:

________________________

Phone/E-Mail:

________________________

I certify that, to the best of my knowledge and belief, all of the information on this application is true, correct, complete and made in good faith. I understand that false or misleading information on or attached to this application may result in my rejection of my application or the termination of my services.

*Please note: Selection is subject to successful completion of a security background check.

Signature:

________________________

Date:

________________________

Please return:
Mail: Attn: Docent Program, Education, MSU Museum, 409 W. Circle Dr.
East Lansing, MI 48824
E-Mail: museum.engage@gmail.com