

Cheyenne Frontier Days™ Old West Museum

Docent Application & Agreement Form

**Please print and answer all questions completely.**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Contact Information:

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Personal Information

Birthdate: \_\_\_\_\_ Spouse/Significant Other: \_\_\_\_\_

18 Years or Older: Y or N Favorite CFD Activity: \_\_\_\_\_

Favorite CFD Memory: \_\_\_\_\_

\_\_\_\_\_

Relevant Academic/Employment/  
Volunteer History:

References (Please include name,  
phone, email):

Location 1:

Reference 1:

Location 2:

Reference 2:

Location 3:

Reference 3:

## Docent Application & Agreement Form (continued)

Availability (Please list times available):

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Are you a current Museum Volunteer? Y or N      CFD Volunteer: Y or N

Do you speak a Foreign Language? Y or N    If so, please list: \_\_\_\_\_

Do you enjoy working with adults? Y or N

Do you enjoy working with children Y or N

Preferred Age Groups? \_\_\_\_\_

Would you be comfortable working with individuals with disabilities including but not limited to physical, mental, and emotional disabilities?

Are you comfortable standing and/or walking for long periods of time? Y or N

Are you comfortable in long speaking roles? Y or N

Are you comfortable learning, developing, applying new tour styles? Y or N

Are you comfortable interacting with a diverse audience? Y or N

Are you comfortable with high safety and security standards? Y or N

How did you learn about the docent program?

Describe why you would like to be a docent?

Describe what customer service means to you? Why is it important?

Other Comments?

**Agreement & Authorization**

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I authorize persons, schools, my current employer if applicable and previous employers and organizations named in this application to provide any relevant information that may be required. I also agree that falsified information or significant omissions may disqualify me from further consideration and may be considered justification for dismissal if discovered at a later date.

I hereby authorize the Cheyenne Frontier Days Old West Museum the right to use, reproduce and/or publish photographs and/or video that may pertain to me including my image without compensation. I understand that this material may be used in various museum publications, recruitment materials, and training documents.

I have received a copy of the Cheyenne Frontier Days Old West Museum Docent Program Policy and hereby agree to the terms and conditions set forth in said document.

I agree and hereby sign in acknowledgement: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_