



**ONTARIO**  
**MUSEUM**  
 OF HISTORY & ART

# Docent Application Form

Ontario Museum of History and Art  
 225 South Euclid Avenue Ontario, California 91762  
 Phone: (909) 395-2510 Fax: (909) 983-8978



*Please Print Legibly*

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Check the days that you are available:**

- Monday       Tuesday       Wednesday       Thursday       Friday  
 Saturday       Sunday

**Please indicate your preference of age group to work with:**

- Children       Teens       Adults  
 Special Needs Children/Adults       Community Groups

**Please briefly describe your work/volunteer experience:**

Organization: \_\_\_\_\_ Department: \_\_\_\_\_ Years: \_\_\_\_\_

Experience Description: \_\_\_\_\_

Organization: \_\_\_\_\_ Department: \_\_\_\_\_ Years: \_\_\_\_\_

Experience Description: \_\_\_\_\_

Organization: \_\_\_\_\_ Department: \_\_\_\_\_ Years: \_\_\_\_\_

Experience Description: \_\_\_\_\_

\_\_\_\_\_

Please write a short statement about why you would like to become a docent at the Ontario Museum of History and Art.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special skills, hobbies and interests (languages/artistic/teaching/public speaking):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that, upon acceptance into the program, I will fill out a City of Ontario Volunteer Release Form available online at [www.ci.ontario.ca.us](http://www.ci.ontario.ca.us) or by hard copy and complete the process for a criminal background check prior to the completion of Docent Training Program. I agree to provide my Drivers License number for this purpose. I understand that I am required to attend all docent training sessions unless other arrangements are made with Museum staff. After successful completion of the training program, I agree to be available to volunteer at least 15 times per year for a period of two years. I understand that my signature below permits the Ontario Museum of History and Art and the Ontario Museum of History and Art Associates to use photographs and/or videos of my participation in any museum program or service for promotional or reporting purposes. I will comply with a six-month evaluation. To the best of my knowledge, my answers on the application are correct and true.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

*Please email the signed copy to [rhorta@ci.ontario.ca.us](mailto:rhorta@ci.ontario.ca.us)*