

Please complete this Docent Application form if you are interested in becoming a Tohono Chul Docent. Return it to the Tohono Chul, Volunteer Coordinator | 7366 N. Paseo del Norte | Tucson, AZ 85704

Name and Contact Information

Please fill all fields accompanied by an asterisk *. You do not need to be a Tohono Chul member to apply to be a docent at Tohono Chul. Omit "TCP Member ID:" and "Tohono Chul Park Member:" if you are not a Tohono Chul member.

First name: _____

Last name: _____

Title: -Dr. -Mr. -Mrs. -Ms.

Street 1: _____

Street 2: _____

Street 3: _____

City: _____

State: _____

Zip: _____

Home phone: _____ -Ok to call me here

Cell phone: _____ -Ok to call me here

Email address: _____

Dates at Alternate Address: _____

Secondary/Alternate Address: _____

Street 1: _____

Street 2: _____

Street 3: _____

Zip: _____

TCP Member ID: _____ -Tohono Chul Park Member -Year-Round Resident

Volunteer Interests

Why do you want to become a docent for Tohono Chul?

Areas of Interest

Please chose the activities that (with training) you feel you are capable of and would enjoy doing.

Docent Interests:

- Assist customers in the Museum Shops
- Give Tours to adults and children
- Help grow plants in the Greenhouses
- Help maintain the Grounds
- Help with Exhibits
- Perform Clerical duties in the Office

Docent Roles

Education is an important component of the docent experience. You will have the opportunity to engage with a diverse guest and volunteer population. Please chose the activities you would be interested in performing as a docent.

Docent Roles:

- | | |
|---|--|
| <input type="checkbox"/> Engage with a diverse population | <input type="checkbox"/> Guide tours of Tohono Chul |
| <input type="checkbox"/> Guide adult groups | <input type="checkbox"/> Present eco-stations |
| <input type="checkbox"/> Guide people with disabilities | <input type="checkbox"/> Present Outreach programs off-site |
| <input type="checkbox"/> Guide school groups | <input type="checkbox"/> Volunteer for special events on-site |
| <input type="checkbox"/> Guide senior groups | <input type="checkbox"/> Volunteer for tabling events off-site |
| <input type="checkbox"/> Guide subject-specific tours | |

Special Training/Expertise

Please specify any special training/expertise you have that you would be willing to use as a Tohono Chul docent.

Skills:

- | | |
|--|--|
| <input type="checkbox"/> Carpentry/Plumbing/Electrical | <input type="checkbox"/> Museum or Non-profit work |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Office/Clerical |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Retail/POS |
| <input type="checkbox"/> Languages/Translation | <input type="checkbox"/> Teaching |

List any additional skills/expertise here.

Availability

Please indicate the days and times you are usually available to volunteer.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My availability is:

- Ongoing
- Ongoing, except between these dates
- Only between these dates

From: ____/____/____ to: ____/____/____

Volunteer Experience

Please list any volunteer organizations where you have been or are currently active. Briefly describe your duties.

Emergency Contact Information

1

First Name: _____
 Last Name: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Relationship: Partner
 Spouse
 Mother
 Father
 Daughter
 Son
 Relative
 Friend
 Neighbor

2

First Name: _____
 Last Name: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Relationship: Partner
 Spouse
 Mother
 Father
 Daughter
 Son
 Relative
 Friend
 Neighbor

Demographic Information

You may optionally provide the following information. It is used only to help us get a better idea of the demographic make-up of our volunteers.

Date of birth: ____/____/____

Gender:

- Female
 Male

Education:

- | | |
|--|--|
| <input type="checkbox"/> High school | <input type="checkbox"/> College degree |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Masters degree |
| <input type="checkbox"/> Trade/Vocational school | <input type="checkbox"/> Doctoral degree |
| <input type="checkbox"/> Associate degree | |

Major Degree/Profession: _____

I agree to these Program Requirements

- Successfully complete the 19-week Tohono Chul Docent Class. Held Wednesdays, October through February with holidays off.
- Be dependable, prompt, and notify staff of schedule changes as soon as possible.
- Engage with guests from diverse backgrounds and varying abilities.
- Represent Tohono Chul positively.
- Support Tohono Chul's mission of enriching people's lives by connecting them with the wonders of nature, art and culture in the Sonoran Desert region and inspiring wise stewardship of the natural world
- Stay informed about new developments and events throughout Tohono Chul.
- Volunteer an average of 12 hours per month while residing in Tucson.
- I give Tohono Chul permission to use my likeness in photographs and other media productions for its publications and advertisements.
- I acknowledge that Tohono Chul's insurance will not cover me in the unlikely event of an accident or injury while volunteering. Tohono Chul's commercial general liability insurance covers claims against volunteers by third parties, but my own health and property insurance must cover any claims for bodily injury or loss or damage to personal property that might incur while volunteering with us.

I Agree