



# Docent Application

After completing this form, please send or deliver it to:

Bechtler Museum of Modern Art  
420 S Tryon St  
Charlotte, NC 28202

Or

[education@bechtler.org](mailto:education@bechtler.org)

The following information is requested in order to process your application to be a docent at the Bechtler Museum of Modern Art. It will be made available, when appropriate, to those involved in the docent program.

New docents are asked to complete at least one year of service. Please consider carefully whether you will be able to fulfill this commitment before completing this application.

Please print

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Education \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional and/or Current Volunteer Work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Skills/Interests/Hobbies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Foreign Languages Spoken (Fluent/Limited) \_\_\_\_\_



Days and hours of availability. Please indicate those dates/times you might expect to volunteer:

Day/Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Any special information about your availability? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_  
Relation \_\_\_\_\_ Telephone Number \_\_\_\_\_

How did you hear about this volunteer opportunity? \_\_\_\_\_

Are you ready to make a commitment to the program and volunteer for at least one year?

- Yes
- No
- Unsure at this time

Notes or Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest in becoming a docent at the Bechtler Museum of Modern Art.