

Office Use Only
 Rec'd by _____
 Date: _____



Docent Application Form

<p>Personal Info</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: ____ Zip: _____</p> <p>Email: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Work Phone: _____</p>	<p>Circle one:</p> <p>Gender? MALE FEMALE</p> <p>18 years or older? Y N</p> <p>If under 18 yrs. old, please provide an emergency contact:</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Relation: _____</p>
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Docent Information

I have read about the history of Bonanzaville

I have read the provided tour guide information

I have selected the following building(s) as my specialty: _____

I will work on a script/presentation (3-5 minutes) about a skill, chore, craft, or activity that involved the pioneers of the past. Describe: _____

Do you have a costume (circle one) **Y N**

Do you have a costume checked out from Bonanzaville? **Y N**

Availability

Please describe when you are available to be a docent.

Time	MON	TUES	WED	THURS	FRI	SAT	SUN
10am to 5pm							

Pioneer Days (August)
 School Tours (May)
 Evening/Weekend Special Events

By signing this form, I understand that Bonanzaville and the Cass County Historical Society reserve the right to my participation as a docent, and that I may be asked to leave at any time.

Signature: _____ Date: _____