

# 2008 SUMMER DOCENT APPLICATION

Please print clearly in blue or black ink.



Your Name: \_\_\_\_\_  
(Please, no nicknames – this information will be used for name badges.)

Please ✓ which program(s) you are applying for:

<b>Exhibit Hall</b> <input type="checkbox"/> Session 1: Students Entering 7 <sup>th</sup> -9 <sup>th</sup> Grades <input type="checkbox"/> Session 2: Students Entering 10 <sup>th</sup> -12 <sup>th</sup> Grades	<b>Aquatic Nursery Program</b> <input type="checkbox"/> One Session: Students Entering 7 <sup>th</sup> -12 <sup>th</sup> Grades
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Birth Date (month/day/year): \_\_\_\_\_

What grade will you be entering in the fall? (circle one)

7<sup>th</sup>    8<sup>th</sup>    9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>    Name of School: \_\_\_\_\_

How did you find out about the Summer Docent Program? \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State, Zip

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Your email address: \_\_\_\_\_

### Parent Information

Name _____	Name _____
Daytime Phone _____	Daytime Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____

Circle your T-shirt size (*note: Youth X-L is the same as adult small*)

Youth    Large  
Adult    Small    Medium    Large    X-Large    XX-Large

Why are you applying to the summer docent program?

Please ✓ which day you will be here at CMA for an interview. Please review the instructions in the cover letter. Be sure to put this date on your calendar. We WILL NOT make confirming calls.

- Tuesday, May 13; 3-5pm       Friday, May 16; 3-5pm
- Wednesday, May 14; 3-5pm     Saturday, May 17, 10am-2pm
- Thursday, May 15; 3-5pm

### **Parent Signature Required**

I understand that acceptance may be based on a lottery and that attendance every day during the training period is required.

Print Name

Signature

\_\_\_\_\_