

Newport Art Museum  
**Docent Program Application**

Name (please print): \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

Cell number: \_\_\_\_\_

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

Membership status: \_\_\_\_\_

Please answer the following questions. If you need additional space, you may attach additional pages.

Briefly share why you would like to join the Docent program:

How did you learn about the Docent program?

Please describe your formal education, including arts or teacher training, if any:

List previous employment and responsibilities:

Share any additional information you feel might be relevant to the Docent program (travel, volunteer work, community activities, fluency in other languages, etc.):

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Please indicate if you have experience working with any of the following audiences (check all that apply):

- \_\_\_ Preschoolers
- \_\_\_ Elementary school students
- \_\_\_ Middle school students
- \_\_\_ Teenagers
- \_\_\_ Adults
- \_\_\_ Seniors
- \_\_\_ Children or adults with special needs
- \_\_\_ English language learners

Please explain:

Do you have experience and/or interest in leading art-making activities with students?

**References:**

Please list two, non-family references who could speak to your suitability for the Docent Program.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

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

Mail, email, or deliver your completed application to:

Newport Art Museum  
Attention: Docent Coordinator  
76 Bellevue Avenue  
Newport, Rhode Island 02840  
401-848-8200

Date Received: \_\_\_\_\_

Interview: \_\_\_\_\_

Reviewed by: \_\_\_