



Docent Intern Volunteer Application

Date _____

Last Name _____ First Name _____ M.I. _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address (*please print clearly*) _____

Date of Birth (*mm/dd/yyyy*) _____ Birthplace _____

Please check if you have: US Citizenship _____ a green card _____ an A1 or A2 diplomatic visa _____

Emergency Contact

Name _____ Relationship _____

Address _____

Phone Number _____

Education

High School/year _____ High School graduate? Yes / No

College _____ Degree objective _____ Graduated? Yes / No

Other Training _____

Hobbies/Special Skills or interests _____

Computer Software programs used _____

Business Experience

Current or Prior Employer _____ Job Title _____

Duties _____ Date _____

Other Related Experience

Prior or current Volunteer Experience

Please Describe _____

Languages Spoken

Why are you interested in being a Docent Intern at the Richard Nixon Library and Museum?

How did you learn about the volunteer Docent Intern opportunity?

What else would you like us to know about you that makes you well suited to be a Nixon Docent Intern?

Will you commit to volunteering at least 2, 4-hour shifts each month? Yes / No

All volunteers are required to undergo a Federal background check. Will you submit to this check? Yes / No

Any additional comments?

Signature _____ Date _____