



**DOCENT PROGRAM APPLICATION**

<b>Personal Information</b>	<b>Enter responses</b>
Name	
Address	
City	
State	
ZIP Code	
Phone number	
Email	
18 years old or over?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Available start date?	

<b>Education</b>	<b>Enter responses</b>
High school diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No
College degree	<input type="checkbox"/> Yes <input type="checkbox"/> No Years completed: Major:
Master's degree	<input type="checkbox"/> Yes <input type="checkbox"/> No Years completed: Major:
Doctoral/professional	<input type="checkbox"/> Yes <input type="checkbox"/> No Years completed: Major:

<b>Experience &amp; Skills</b>	<b>Enter responses</b>
Current/most recent employer	
Your title	
Years of service	
Previous employer	
Your title	
Years of service	
Previous employer	
Your title	
Years of service	

**Please describe your relevant professional skills or personal interests.**

**Please tell us why you want to be a docent at the MSU Museum.**

<b>References</b>	<b>Please provide two non-family references.</b>
Reference's name	
Organization	
Title	
Relationship to you	
Phone number	
Email	
Reference's name	
Organization	
Title	
Relationship to you	
Phone number	
Email	

**Certification**

I certify, to the best of my knowledge and belief, that all the information on this application is true, correct, complete, and made in good faith. I understand that false or misleading information on or attached to this application may result in rejection of my application or termination of my services.

**\*Please note:**

Selection is subject to successful completion of a criminal background check through Michigan State University.

**Signature:**

**Date:**

**Please send form to:**

Attn: Education Team, MSU Museum, 409 W Circle Dr Rm 102, East Lansing, MI 48824  
OR email to [museumed@msu.edu](mailto:museumed@msu.edu)