

**SAMUEL DORSKY MUSEUM OF ART**  
**SUNY, New Paltz**  
**75 S. Manheim Blvd.**  
**New Paltz, New York 12561**

## **THE SDMA DOCENT PROGRAM**

We are delighted to learn about your interest in The SDMA Docent Program! Please take a moment to complete this application. The information you provide here will help us create a docent program to fit your needs and interests and to serve the community.

Today's Date:

Last Name:

First Name:

Middle Initial:

Home Address (Number & Street, City, Zip Code):

Home Telephone #:

Work Telephone #:

Cell Telephone #:

Email Address:

### **General Information:**

What are your goals for your volunteer work as a docent?

### **Experience:**

Do you have prior museum (or similar) experience? Check all that apply.

1. \_\_\_\_\_ Yes, as a volunteer
2. \_\_\_\_\_ Yes, as a student
3. \_\_\_\_\_ Yes, as an employee
4. \_\_\_\_\_ Yes, as a regular museum visitor
5. \_\_\_\_\_ No, but I'm interested in learning

If you checked 1,2, 3 and/or 4, please describe your experiences?

### **Docent Tours:**

Have you taken docent tours? \_\_\_ Yes \_\_\_ No

If yes, what did you enjoy?

What would you have changed, were you the docent?

### **Opportunities**

What is your preference for working as a docent? Please check all that apply.

**Mail to:**

**Judi Esmond, Samuel Dorsky Museum, SUNY New Paltz, 1 Hawk Drive, New Paltz, NY 12561-2443**

**Or e-mail to: [esmondj@newpaltz.edu](mailto:esmondj@newpaltz.edu)**

