

Teen Docent Program Application

DATE _____

NAME _____ AGE _____ DATE OF BIRTH _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE _____ EMAIL _____

NAME(S) OF PARENT(S) OR GUARDIAN(S) _____

PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY _____

RELATIONSHIP _____ PHONE _____

HIGH SCHOOL _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE _____

NAME OF TEACHER SUBMITTING LETTER OF SUPPORT _____

HOW DID YOU HEAR ABOUT THE TEEN DOCENT PROGRAM? _____

Application due August 30, 2010

Please include with this application:

Essay

Write a one-page essay explaining why you like to participate in the Teen Docent Program at the Figge Art Museum.

Application checklist

- Application
- Student Essay
- Letter of Support (use provided template)

Send application materials to:

Figge Art Museum • Education Department/Teen Docent Program
225 West Second Street • Davenport, IA 52801

see reverse side

563.326.7804
www.figgeartmuseum.org
Davenport, Iowa

FIGGE
ART MUSEUM

Teen Docent Program

Letter of Support

This letter must be completed by a teacher at the applicant's school.

Application due August 30, 2010.

APPLICANT _____

SCHOOL _____

How do you know the applicant?

Please comment on the applicant's personal character.

Teen docents will be trained to speak briefly about selected works of art in the Figge Art Museum's galleries during family events and other programs. Please explain why you feel the applicant would be a good candidate for this volunteer program.

PREPARED BY _____ SIGNATURE _____

DATE _____ PHONE _____