BTA Docent Application Form

* Required

1. Full Name *

2. Email Address *

3. Phone Number *

4. Current BTA Volunteer? *

   Mark only one oval.

   [ ] Yes
   [ ] No

5. Share with us why you want to become a docent at BTA. *

   ____________________________________________

   ____________________________________________

   ____________________________________________

   ____________________________________________

   ____________________________________________
6. Please tell us about your personal skills that are relevant to the position *

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

7. Days available for Docent Shifts *
   Shifts run from 9:30 to 1:30 with a 30-minute lunch break included

   Check all that apply.
   □ Sunday
   □ Monday
   □ Tuesday
   □ Wednesday
   □ Thursday
   □ Friday
   □ Saturday

8. After looking at the 10-week training schedule, can you commit to complete the course missing no more than 1 training day *

   Mark only one oval.
   □ Yes
   □ No
9. After reviewing the complete docent job description including the commitments/responsibilities section, are you able to complete 3 docent shifts a month? *

*Mark only one oval.*

- [ ] Yes
- [ ] No

10. Have you ever been convicted of a felony or misdemeanor or had adjudication withheld of a felony or misdemeanor, excluding minor traffic violations?

Note: A “yes” response will not necessarily bar you from volunteering. Facts, such as date of occurrence and rehabilitation will be considered as it relates to the volunteer position in question. This information will be used only for volunteer-related purposes and only to the extent permitted by applicable law.

*Mark only one oval.*

- [ ] Yes
- [ ] No

11. If Yes (above) please explain:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
12. By checking this box, I give Boyce Thompson Arboretum permission to release information about my participation in the Docent Program; information that might be solicited on my behalf for reference purposes. Such information might include, but not limited to: length of service, volunteer responsibilities and quality of participation. I hereby grant Boyce Thompson Arboretum permission to use my likeness in a photograph or other digital reproduction in any and all of its publications and advertisements, including website entries and television commercials, without payment or any other consideration. I understand and agree that these materials will become the property of Boyce Thompson Arboretum and will not be returned. I hereby irrevocably authorize Boyce Thompson Arboretum to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing its programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties of other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Boyce Thompson Arboretum from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. By checking this box, I understand that some volunteer positions are subject to a background check. Volunteer positions that handle monetary transactions, that require interactions with minors, and for other reasons held to the discretion of the organization. By checking this box, I guarantee that the information provided in this application is true and correct. I also acknowledge that Boyce Thompson Arboretum's insurance will not cover me in the unlikely event of an accident or injury while volunteering. The Arboretum's commercial general liability insurance covers claims against volunteers by third parties, but your own health and property insurance must cover any claims for bodily injury or loss of damage to personal property that might incur while volunteering with us.

Mark only one oval.

☐ I agree