

2010 Junior Docent Application Sheet
York County Heritage Trust

(Applicants should review the Junior Docent Handbook prior to filling out the application)

Please print or type:

Name: _____ M () F ()

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ E-mail Address: _____

Date of Birth: _____ School: _____

Highest Academic grade completed (Must have completed 10th grade or requirements thereof)

T-Shirt Size _____

Emergency Contacts:

First Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Work Telephone: () _____

Second Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Work Telephone: () _____

Days of the week you are available to participate (minimum of two required):

Dates/Days NOT available: _____

Date available to start: _____

Signature of Junior Docent: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Essay Question: In an essay of no more than 700 words, please address the following points:

- Why do you wish to participate in the Junior Docent Program
- What do you hope get out of the program
- What are your specific interests in regards to history/museums
- What applicable skills and experiences can you bring to the program

Application Deadline April 5, 2010

Review Process:

All complete applications received by the deadline will be reviewed. Applicants will be notified of their selection status prior to May 1, 2010. A training program for selected applicants will be scheduled to provide more information and a general orientation. The program will begin the second week of June. Selected applicants will receive more information and details closer to the program's start.

Junior Docent Parental/Guardian Permission Sheet York County Heritage Trust

Name of Junior Docent: _____

Date: _____

Special Needs/ Medical Conditions:

I give permission for _____ to participate in the Junior Docent Program of the York County Heritage Trust. I have read and signed his/her Junior Docent Application and verify that their emergency contact information is valid and current. I have reviewed the Junior Docent Handbook, and I am familiar with the requirements and obligations. I have indicated on this sheet any special needs or medical conditions of my child that may be relevant to their volunteering experience. I also agree to allow the York County Heritage Trust and other local organizations to use photographs/recordings and video recordings of my child as a Junior Docent taken for promotional use and for the York County Heritage Trust website.

Signature of Parent/ Guardian: _____

Date: _____

Please submit completed applications to:

Daniel Roe
Coordinator of Educational Programming
250 East Market St
York PA 17403

Or electronically at droe@yorkheritage.org (please type "Junior Docent Application" in subject line)