

 East Bay Regional Park District  
Southeast Interpretive Sector  
Docent Application

Name: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Phone  
day: (    ) \_\_\_\_\_

ZIP: \_\_\_\_\_

eve: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate: \_\_\_\_ Month \_\_\_\_ Day

If under 18 give year of birth \_\_\_\_\_

1. Education and Training – Indicate highest level completed, subject area and any degrees or certificates.

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2. Experience - summarize employment (volunteer and paid) and participation in community activities (i.e. scouts, church groups, sports, theater, etc.).

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3. Tell us about your hobbies, skills or special interests, (i.e. gardening, birding, kayaking, etc.).

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4. List your experience working with children, seniors, or special needs groups.

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5. Why do you want to volunteer at Lake Del Valle, Sunol, and Shadow Cliffs?

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6. Which of the following docent and volunteer activities interest you\*? Check all that apply.

Working with People:

Assisting with School Programming \_\_\_\_\_

Sunol Special Events (Wildflower Festival, Hootenanny) \_\_\_\_\_

Behind the Scenes:

Resource Management (citizen science) \_\_\_\_\_

Stewardship Projects (invasive plant removal) \_\_\_\_\_

\*Please note that docent training is highly focused on assisting with school programming at Del Valle and Shadow Cliffs as this is where we are in the most need of docent assistance. Thanks!

7. Please check the days of the week and times you are available to volunteer (weekdays are ideal for school programs). Hours are based on typical program time. Space is available below to list the months you are available, and any other information you'd like us to know.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8am-1pm							
1pm-4pm							
4pm-8pm							
evening							

Months I am available: \_\_\_\_\_

Additional availability info: \_\_\_\_\_

8. How many hours a month would you like to volunteer? \_\_\_\_\_

9. Do you have proficiency in any language other than English? \_\_\_\_\_yes \_\_\_\_\_no

If yes, what language? \_\_\_\_\_

10. Have you ever been convicted of a felony or misdemeanor, or entered a guilty or nolo contendere plea? \_\_\_\_\_yes \_\_\_\_\_no

If yes, please explain.

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11. All docents are required to be fingerprinted. These fingerprints will be kept confidential and on file with the District until the docent leaves the program, after which they will be destroyed. Do you agree to be fingerprinted? \_\_\_\_\_yes \_\_\_\_\_no

12. To better serve you, please provide information concerning any special accommodations you may need. Reasonable accommodations will be made upon request. All information will be kept confidential.

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Please feel free to call (510) 544-3243.

13. Please list 2 references:

Personal:

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Professional:

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\_\_\_ Yes, I will attend the Docent Training beginning February 20, 2019

\_\_\_ I can't attend at this time, but please notify me of "on-the-job" training opportunities.

**Please return to:** Docent Coordinator  
Shadow Cliffs Regional Recreation Area  
2500 Stanley Blvd.  
Pleasanton, CA 94566

**Or send a scanned copy to:** [agrenier@ebparks.org](mailto:agrenier@ebparks.org)

For more information contact:  
Ashley Grenier – Volunteer/Docent Coordinator  
510-544-3243  
[agrenier@ebparks.org](mailto:agrenier@ebparks.org)

East Bay Regional Park District  
[www.ebparks.org](http://www.ebparks.org)

January 13, 2019

